

ROUTING SLIP FOR INVOICES

DATE January 12, 2018

CONTRACTOR Caring to Love

CFMS 2000224936

MONTH OF SERVICE December-2017

TO LeBlanc

INITIAL REVIEW 

DATE 1/31/18

FSPS2 REVIEW

DATE

Program Manager 1/2 

DATE 1/31/18

POSTED TO SPREADSHEET 

SENT TO FISCAL 2.1.18

EQUIPMENT TO BE TAGGED? no

ADVANCE RECOUPMENT?

COMMENTS:

\$289.00 computer and -\$109.99 printer because equipment not in budget.



DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
Cost Reimbursement Invoice Form

Caring To Love Ministries

Contractor Name

3813 N Flannery Rd

Mailing Address

Baton Rouge, LA 70814

City, State, Zip

Dorothy Wallis / 225-273-1124

Contact Person/Telephone Number

December 2017

Service Period

719685

Contractor/PO#

2000 224936-1217

Invoice Number

Received

JAN 12 2018

DCFS  
Economic Stability

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$ 72,960.00	\$ 4,336.92	\$ 23,543.94	\$ 27,880.86	\$ 45,079.14	
FRINGE BENEFITS	\$ 10,309.44	\$ 684.48	\$ 3,608.69	\$ 4,293.17	\$ 6,016.27	
TRAVEL	\$ 1,080.00	\$ 251.43	\$ 776.02	\$ 1,027.45	\$ 52.55	
OPERATING SERVICES	\$ 60,370.56	\$ 4,566.92	\$ 15,284.30	\$ 19,851.22	\$ 40,519.34	
MAT/SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	
PROFESSIONAL SERVICES	\$ 94,200.00	\$ 11,675.00	\$ 34,825.00	\$ 46,500.00	\$ 47,700.00	
OTHER CHARGES	\$ 434,880.00	\$ 36,955.00	\$ 172,865.00	\$ 209,820.00	\$ 225,060.00	
EQUIPMENT/ACQUISITIONS		\$ -	\$ -	\$ -	\$ -	
INDIRECT COST	\$ 57,000.00	\$ 4,750.00	\$ 23,750.00	\$ 28,500.00	\$ 28,500.00	
TOTALS	\$ 730,800.00	\$ 63,219.75	\$ 274,652.95	\$ 337,872.70	\$ 392,927.30	\$ -

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Dorothy Wallis, President/CEO  
Signature of Authorized Contractor Representative and Title

1/11/2018  
Date

FOR DCFS USE ONLY					
DCFS Invoice Number 224936-1217	Org 4274	Obj 3740	Rep Cat 5071	Sub Obj Line 2	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV
	Org	Obj	Rep Cat	Sub Obj	ACTV

Program Compliance Approval	I certify that the expenditures have been reviewed in accordance with contract and program guidelines and deliverables have been received. <u>Shana Thomas</u> Signature and Title of Authorized DCFS Official
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equipment allowed

Jeanine LeBlanc 1/31/18

**Jeanine M. LeBlanc**

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**From:** Jeanine M. LeBlanc  
**Sent:** Thursday, February 01, 2018 1:04 PM  
**To:** 'Dorothy Wallis'  
**Subject:** 2000224936 CtL December 2017 invoice  
**Attachments:** image2018-02-01-124050.pdf

Ms. Wallis:

Attached is a copy of your December 2017 invoice.

\$289.00 HP Compaq computer has been disallowed because this item is considered equipment. Your contract budget does not include equipment.

\$109.99 Epson printer has been disallowed because this item is considered equipment. Your contract budget does not include equipment.

*Jeanine LeBlanc*

Jeanine LeBlanc  
ES Program Consultant  
Dept. Children and Family Services  
627 North Fourth Street, 5-321  
Baton Rouge, LA 70802  
[Jeanine.LeBlanc@la.gov](mailto:Jeanine.LeBlanc@la.gov)  
Office 225-342-5417  
Fax 225-342-2536

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries  
SERVICE PROVIDED: Abortion Alternative-Statewide  
  
ADDRESS 3813 N. Flannery Rd.  
Baton Rouge, LA 70814  
  
CONTACT PERSON: Dorothy Wallis  
  
TITLE: President/CEO

REPORT CATEGORY # 5071  
P. O. # 2000 224936  
GRS ORG CODE # 4274  
OBJECT CODE 3740  
INVOICE # 2000224936-1217  
PHONE # 225-273-1124  
  
MONTH & YEAR December 2017  
PARISH SERVED: Statewide

CUMM PREVIOUS 1st MONTH PARTICIPANTS 955  
1st MONTH PARTICIPANTS SERVED THIS MONTH: 149  
CUMMULATIVE 1st MONTH PARTICIPANTS 1104

**SECTION A-SALARY**

Services Coordinator	Sanaretha Gray	1,756.92	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist		0.00	
TOTAL SALARIES-Direct Svcs		4,336.92	

4,336.92 ✓

**SECTION B - FRINGE**

Insurance	Direct Services	250.00	
FICA	Direct Services	331.77	
Worker's Compensation	Direct Services	102.71	
TOTAL FRINGES-Direct Svcs		684.48	

684.48 ✓

**SECTION C - TRAVEL**

Travel	Direct Services	234.09	
Travel	Direct Services	17.34	
TOTAL TRAVEL-Direct Svcs		251.43	

251.43 ✓

**SECTION D - OPERATING EXPENSES**

Printing <u>Ad America 12/1</u>	Direct Services	337.95 ✓	
Printing <u>Ad America 12/1</u>	Direct Services	1,100.00 ✓	
Office Supplies	Direct Services	1,794.02 ✓	
Copy Machine <u>Delage 12/23</u>	Direct Services	250.00 ✓	
Internet Service <u>BTZ/Att 12/1</u>	Direct Services	195.00 ✓	
Media	Direct Services	0.00	
Website <u>Wufoo 12/20</u>	Direct Services	14.95 ✓	
KNOWforSURE <u>12/31</u>	Direct Services	875.00 ✓	
TOTAL OPERATING EXPENSES FOR MONTH		4,566.92	

1395.03

4,566.92

4,167.93



**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR: Caring to Love Ministries

*J Ham - 12/31 - \$800.00 pd.  
S Gray - 12/31 - \$250.00 pd  
M Myers - 12/29 - \$250.00 pd  
E. Ullgen - 12/31 - \$150.00 pd  
A. Farr - 12/30 - \$500.00 pd  
\$1950.00*

**SECTION F - PROFESSIONAL**

Accounting Services	Vickie Davis	December	2,200.00	✓ pd
Performance Improvement Coord	Garcia Bodley	12/31/17	1,125.00	✓ pd
Public Relations/Media Coord	Randy Rice	12/31/17	700.00	✓ pd
Webmaster/Info Tech Cons.	Kathleen Benfield	12/31/17	700.00	✓ pd
Information Technology Cons.	Turnkey	12/1/17	250.00	✓ pd
Auditor Services	Michael Choate, CPA	12/29/17	7,500.00	✓ ←
	JHam/Rita			
Professional Technical Svc	Michelle/Emily/Alexis		1,950.00	
<b>TOTAL PROFESSIONAL</b>			<b>11,675.00</b>	

11,675.00

**SECTION G-OTHER CHARGES**

<u>Client Services:</u>	<u>Cost</u>	<u># Clients</u>	<u>TOTALS</u>
Intake Application Process	\$ 10.00	149	1,490.00
Positive Pregnancy Test	\$ 10.00	170	1,700.00
Negative Pregnancy Test	\$ 10.00	34	340.00
Abstinence Education	\$ 30.00	34	1,020.00
Counseling	\$ 40.00	191	7,640.00
Referral Services	\$ 10.00	215	2,150.00
Health Risk Assessment	\$ 30.00	228	6,840.00
Care Plan Development	\$ 30.00	115	3,450.00
On-going Care	\$ 30.00	126	3,780.00
Family Support Services	\$ 40.00	80	3,200.00
Home Outreach Support Services	\$ 75.00	51	3,825.00
Birth Outcome Confirmation	\$ 40.00	38	1,520.00

**TOTAL OTHER CHARGES**

36,955.00

**SECTION I - INDIRECT COST**

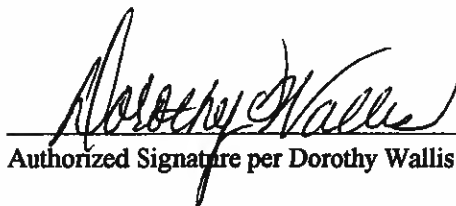
Project Administrator	Dorothy Wallis	4,500.00
Health Insurance		250.00
<b>TOTAL INDIRECT COST</b>		<b>4,750.00</b>

4,750.00

**TOTAL INVOICE**

\$ 85,219.75

\$62,820.77  
1/11/2018

  
Authorized Signature per Dorothy Wallis

Project Administrator

Date

OFS Approval

Telephone Number

1/11/2018  
Date

\*NOTE-If space is not sufficient, make reference to change on this form and include detailed attachment.

MAIL TO:

OM&F FISCAL  
PAYMENT MANAGEMENT/CONTRACTS  
PO BOX 3927  
BATON ROUGE, LOUISIANA

# Life Choice Project

Coordinated Prenatal Care for  
Louisiana's Pregnant Women

December 11, 2017

Department of Social Services  
Office of Family Support  
627 North 4<sup>th</sup> Street  
5<sup>th</sup> Floor Cubicle 5-321  
Baton Rouge, Louisiana 70802

RE: 2000224936 CTL Alternative to Abortion  
December 2017-2018 Reimbursement Invoice

Dear Ms. Leblanc,

Please find attached, our December 2017 Cost Reimbursement Invoice for 2017-2018 Alternative to Abortion Initiative along with the hard copy of the TANF Report for the month of December 2017.


This is to advise you that due to extenuating circumstances following the August 2016 flood event. Women's Life Ministries has been struggling in recapturing its client volume. Subsequently, the center is no longer a provider under the Louisiana Life Choice Project effective December 31, 2017.

Under Category Auditor, because of their cred card malfunction the auditor signed the invoice I put the confirmation number on the invoice.

Thank you for your consideration, kindness and all you have done to help those that are in need in the Louisiana area.

If you have any questions, please feel free to contact me at any time.

I remain,

  
Dorothy Wallis  
Program Administration  
Caring to Love Ministries



## ***Delivery Confirmation***

I, the undersigned, acknowledge receipt of the following:

- **Letter to Ms. Jeanine Le Blanc**
- **One Copy**
- **Cover Letter**
- **Cost Reimbursement Invoices for December 2017**
- **Section A: Salary**
- **Section B: Fringe**
  - **FICA**
  - **LCTA – Worker Compensation**
- **Section C: Travel**
- **Section D: Operating Expenses**
  - **Cancelled Checks and Wire Transfers**
- **Section F: Professional services**
  - **Invoices, Invoice Description Receipts, Cancelled Checks and ACH Wire Transfers**
- **Section G: Other Charges – Coordinated Prenatal Care Services**
  - **Subcontractors' Front Page and Wire Transfer**
- **Section I: Indirect Costs- Project Administrative**
  - **Project Administrator Invoice, Time Study and Bank Statements (ACH)**
- **TANF –MOS Report December 2017**

*Please sign and return via scanned or email to [dwallis@ctlm.org](mailto:dwallis@ctlm.org)*

**Thank You,**

P.O.# 200 224936 - 1217  
ACH Transfer Detail Grid for December 2017

action	Budget Category	Item description	Payee	Inv. Page	ACH Page	Proof of Electronic Bank Statement	Bank Str Page #
C	Operating Expense	Travel	Care Pregnancy Ctr	24-27,29-30	28,31	Gulf Coast Bank & Tst	5
D	Operating Expense	Printing	Randy Rice & Assoc	36	37	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Restoration Pregnancy	39-44	45	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Access/Catholic Charities	46	47	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	A Pregnancy Center	48-49	50	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Resource Ctr	51-54	55	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Women's Life Ministries	56	57	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	Care Pregnancy Center	58-59	60	Gulf Coast Bank & Tst	5
D	Operating Expense	Office Supplies	CPC-Gonzales	61	62	Gulf Coast Bank & Tst	5
D	Operating Expense	Marketing & Advertisement	Randy Rice & Assoc.	n/a	n/a	Gulf Coast Bank & Tst	5
D	Operating Expense	Knowforsure	Sources for Women	69	70	Gulf Coast Bank & Tst	5
F	Professional	Accounting Services	Direct Mailing-Vickie Davis	72-73	74	Gulf Coast Bank & Tst	5
F	Professional	Performance Impr Coordinator	Resources for Comm.-Garcia Bodley	75	76	Gulf Coast Bank & Tst	5
F	Professional	Public Relations	Randy Rice & Assoc	77	78	Gulf Coast Bank & Tst	5
F	Professional	Webmaster	Kathleen Benefield	79	80	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Jennifer Ham	85	86	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svd	Sanaretha Gray	87	88	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svs	Michelle Dyess	89	90	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Emily Ilgenfritz	91	92	Gulf Coast Bank & Tst	5
F	Professional	Prof Tech Svc	Alexis Farrugia	93	94	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CarePregnancy Ctr	97	99	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Res Ctr Natch	100	102	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	A Prg. Ctr. & Clinic	103	105	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Access Met-Catholic	106	108	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Wom Life Minist	109	111	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	Restoration Life	112	114	Gulf Coast Bank & Tst	5
G	Coor Prenatal Care Serv	Sub-contractor	CPC-Gonzales	115	117	Gulf Coast Bank & Tst	5
I	Indirect cost	Project Administrator	Dorothy Wallis	119	120	Gulf Coast Bank & Tst	5



Gulf Coast Bank and Trust Company LCP CHECKING 6649

Last Updated: 1/11/2018 10:58 AM

\$1,666.26  
Available Balance

Start Date                      End Date                      Transaction Type

1/10/2018                      31 to 1/11/2018                      31

Min Amount                      Max Amount                      Check #

\$0.00 to                      \$0.00 to

Apply Filters

Reset

Date	Description	ACH Page #	Amount
JAN 10 2018	Care Preg Ctr-Dec17	99	(\$14,965.00)
JAN 10 2018	A Preg Ctr-Dec17	105	(\$8,390.00)
JAN 10 2018	WRC Natch-Dec17	102	(\$4,930.00)
JAN 10 2018	D Wallis-Dec 2017	120	(\$4,500.00)
JAN 10 2018	Restoration-Dec17	114	(\$3,640.00)
JAN 10 2018	DMS-Dec 2017	74	(\$2,200.00)
JAN 10 2018	Catholic-Dec17	108	(\$2,140.00)
JAN 10 2018	WLM-Dec17	111	(\$1,970.00)
JAN 10 2018	ResourcesForComm-Dec17	76	(\$1,125.00)

5

		Act Pg #	
JAN 10 2018	Rice and Assoc-Printing	37	(\$1,100.00)
JAN 10 2018	CPC Gonzales-Dec17	117	(\$920.00)
JAN 10 2018	SFW-Dec 2017	70	(\$875.00)
JAN 10 2018	J Ham=Dec 2017	86	(\$800.00)
JAN 10 2018	K Benfield Dec 2017	80	(\$700.00)
JAN 10 2018	Rice & Assoc-P/R	78	(\$700.00)
JAN 10 2018	A Farrugia-Dec2017	94	(\$500.00)
JAN 10 2018	CPC-Ofc Supplies	60	(\$449.00)
JAN 10 2018	APCC-Ofc Supplies	50	(\$377.00)
JAN 10 2018	WRC-Ofc Supplies	55	(\$330.00)
JAN 10 2018	Restoration Ofc Supply	45	(\$278.60)
JAN 10 2018	M Dyess-Dec 2017	90	(\$250.00)
JAN 10 2018	S Gray-Dec 2017	88	(\$250.00)
JAN 10 2018	Travel- J Adams	28	(\$234.09)
JAN 10 2018	WLM-Ofc Supplies	57	(\$173.42)
JAN 10 2018	E Ilgenfritz-Dec 2017	92	(\$150.00)
JAN 10 2018	Catholic Charities-Ofc Supply	47	(\$116.00)

JAN 10 2018	CPC Gonzales-Ofc Supplies	<u>ACH Pg #</u> 62	(\$70.00)
JAN 10 2018	Travel-Dec Kim Hardee	31	(\$17.34)

**PO# 2000 224936**

**SECTION A**

**SALARY**



**SECTION A - SALARY**  
**Caring To Love Ministries**  
**LCP Payroll Summary**

1:03 PM

01/09/18

December 2017

	Adams, Jashonda M	Gray, Sanaretha A	Hardee, Kim A	TOTAL
<b>Employee Wages, Taxes and Adjustments</b>				
<b>Gross Pay</b>				
Care Pregnancy Clinic Salary	1,756.92	1,900.00	2,874.68	6,531.60
Counseling Center Salary	0.00	0.00	0.00	0.00
<b>Total Gross Pay</b>	<b>1,756.92</b>	<b>1,900.00</b>	<b>2,874.68</b>	<b>6,531.60</b>
<b>Deductions from Gross Pay</b>				
Health Insurance (taxable)	0.00	0.00	-452.22	-452.22
<b>Total Deductions from Gross Pay</b>	<b>0.00</b>	<b>0.00</b>	<b>-452.22</b>	<b>-452.22</b>
<b>Adjusted Gross Pay</b>	<b>1,756.92</b>	<b>1,900.00</b>	<b>2,422.46</b>	<b>6,079.38</b>
<b>Taxes Withheld</b>				
Federal Withholding	0.00	-218.00	-313.00	-531.00
Medicare Employee	-25.47	-27.55	-41.68	-94.70
Social Security Employee	-108.93	-117.80	-178.23	-404.96
LA - Withholding	-36.97	-53.64	-65.56	-156.17
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
<b>Total Taxes Withheld</b>	<b>-171.37</b>	<b>-416.99</b>	<b>-598.47</b>	<b>-1,186.83</b>
<b>Net Pay</b>	<b>1,585.55</b>	<b>1,483.01</b>	<b>1,823.99</b>	<b>4,892.55</b>
<b>Employer Taxes and Contributions</b>				
Medicare Company	25.47	27.55	41.68	94.70
Social Security Company	108.93	117.80	178.23	404.96
<b>Total Employer Taxes and Contributions</b>	<b>134.40</b>	<b>145.35</b>	<b>219.91</b>	<b>499.66</b>

Position-Direct Services	Employee Name	Salary	Blue Cross	FICA	Worker's Comp	Total Fringe	Total
Services Coordinator	Sanaretha Gray	1,756.92		134.40	41.61	176.01	1,932.93
Home Prenatal Care Nurse	Kim Hardee	1,600.00	250.00	122.40	37.89	410.29	2,010.29
Home prenatal Care Educator	J Monic Adams	980.00		74.97	23.21	98.18	1,078.18
Clerical Support						-	-
<b>TOTALS</b>		<b>4,336.92</b>	<b>250.00</b>	<b>331.77</b>	<b>102.71</b>	<b>684.49</b>	<b>5,021.40</b>

**NOTE: The amount billed is the budgeted amount per our Budget Narrative. The Total Fringe is reflected.**

Transactions Details

Posting Date	12/08/2017
Transaction Date	12/08/2017
Description	DDA CHECK 0000009412
Transaction Type	Debit
T/C	0077
Amount	\$741.51
Balance	\$4,374.31

Front

Back

CARING TO LOVE MINISTRIES

STAR ACCOUNT

3813 N. FLANNERY ROAD

BATON ROUGE, LOUISIANA 70814

(225) 273-1124

WHITNEY

BATON ROUGE, LOUISIANA

84-15854

9412

12/5/17

PAY TO THE ORDER OF

Sanaretha A Gray

\$ 741.51

Seven Hundred Forty-One and 51/100\*\*\*\*\*

DOLLARS

Sanaretha A Gray

PO Box 413

Prairieville, LA 70769

VOID AFTER 60 DAYS

STAR ACCOUNT

MEMO

Pay Period: 11/16/17 - 11/30/17

AUTHORIZED SIGNATURE

⑈009412⑈ ⑆065400153⑆

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1756.92 for month

## Transactions Details

Posting Date	12/22/2017
Transaction Date	12/22/2017
Description	DDA CHECK 0000009422
Transaction Type	Debit
T/C	0077
Amount	\$741.50
Balance	\$11,175.11

Front	Back
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ORIGINAL DOCUMENT PRINTED ON CHEMICAL-REACTIVE PAPER WITH MIC

**CARING TO LOVE MINISTRIES**  
**STAR ACCOUNT**  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (225) 273-1124

**WHITNEY** BATON ROUGE, LOUISIANA  
 04-15/854

9422

12/20/17

PAY TO THE ORDER OF Sanaretha A Gray \$\*\*741.50

Seven Hundred Forty-One and 50/100 DOLLARS

Sanaretha A Gray  
 PO Box 413  
 Prairieville, LA 70769

MEMO Pay Period: 12/01/17 - 12/15/17

VOID AFTER 60 DAYS  
 STAR ACCOUNT

AUTHORIZED SIGNATURE

009422 065400153

SECTION A-PERSONNEL SERVICES-Services Coordinator

LCP Budget to reimburse CTLM =\$1756.92 for month

## Transactions Details

Posting Date	12/22/2017
Transaction Date	12/22/2017
Description	DDA CHECK 0000009413
Transaction Type	Debit
T/C	0077
Amount	\$976.46
Balance	\$11,916.61

Front	Back
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**CARING TO LOVE MINISTRIES**  
**STAR ACCOUNT**  
 3813 N. FLANNERY ROAD  
 BATON ROUGE, LOUISIANA 70814  
 (225) 273-1124

**9413**

**12/5/17**

**PAY TO THE ORDER OF Kim A Hardee** \$ **\*\*976.46**

**Nine Hundred Seventy-Six and 46/100** DOLLARS

**Kim A Hardee**  
 15947 Haynes Bluff Ave  
 Baton Rouge, LA 70817

**VOID AFTER 90 DAYS**  
**STAR ACCOUNT**

**MEMO** Pay Period: 11/19/17 - 11/30/17

**009413 005400153**

## SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

## Transactions Details

Posting Date	12/22/2017
Transaction Date	12/22/2017
Description	DDA CHECK 0000009423
Transaction Type	Debit
T/C	0077
Amount	\$847.53
Balance	\$10,327.58

Front	Back
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<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3913 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9423 12/20/17
PAY TO THE ORDER OF <u>Kim A Hardee</u>		\$ 847.53
Eight Hundred Forty-Seven and 53/100 DOLLARS		
Kim A Hardee 15947 Haynes Bluff Ave Baton Rouge, LA 70817		VOID AFTER 60 DAYS STAR ACCOUNT <i>Asaathy Walla</i> AUTHORIZED SIGNATURE
MEMO Pay Period: 12/01/17 - 12/15/17		

⑈009423⑈ ⑆065400⑆53⑆

### SECTION A-PERSONNEL SERVICES-Home Prenatal Care Nurse

LCP Budget to reimburse CTLM = \$1600.00 for month

## Transactions Details

Posting Date	12/05/2017
Transaction Date	12/05/2017
Description	TELLER CASHED DEBIT 0000009409
Transaction Type	Debit
T/C	0040
Amount	\$847.33
Balance	\$11,003.40

Front	Back
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<b>CARING TO LOVE MINISTRIES</b> STAR ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		9409 BATON ROUGE, LOUISIANA 84-15/534 12/5/17
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u> \$**847.33 Eight Hundred Forty-Seven and 33/100 ***** DOLLARS	VOID AFTER 60 DAYS STAR ACCOUNT Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816 AUTHORIZED SIGNATURE	
MEMO Pay Period: 11/16/17 - 11/30/17 <b>SECTION A-PERSONNEL SERVICES - Home Prenatal Care Educator</b>		

LCP Budget to reimburse CTLM = \$980.00 for month

## Transactions Details

Posting Date	12/20/2017
Transaction Date	12/20/2017
Description	TELLER CASHED DEBIT 0000009420
Transaction Type	Debit
T/C	0040
Amount	\$738.22
Balance	\$8,580.18

Front	Back
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<b>CARING TO LOVE MINISTRIES</b> <b>STAR ACCOUNT</b> 3813 N. FLANNERY ROAD BATON ROUGE, LOUISIANA 70814 (225) 273-1124		<b>9420</b> BATON ROUGE, LOUISIANA 84-15/654 12/20/17
PAY TO THE ORDER OF <u>Jashonda Monic Adams</u>		<b>\$738.22</b>
Seven Hundred Thirty-Eight and 22/100		DOLLARS
Jashonda Monic Adams 11625 Sherwood Valley Ct Baton Rouge, LA 70816		VOID AFTER 60 DAYS STAR ACCOUNT
MEMO Pay Period: 12/01/17 - 12/15/17		AUTHORIZED SIGNATURE
<b>SECTION A-PERSONNEL SERVICES: Home Prenatal Educator</b>		

LCP Budget to reimburse CTLM = \$980.00 for month



**PO# 2000 224936**

**SECTION B**

**FRINGES**



GBS77117000183020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

## CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814

Group ID: 27A6TERC  
Subgroup ID: 0000

Due Date: 12/15/2017  
Billing Date: 11/29/2017

Invoice Period From: 12/15/2017  
Invoice Period Through: 01/14/2018  
Invoice Number: 173330001147

Subscriber Count: 2

Outstanding Balance.....	\$2,134.03
Premiums This Period.....	\$2,134.03
Member Adjustments.....	\$0.00
Fees and Other Adjustments.....	\$0.00
Current Billed Amount.....	\$2,134.03

*pd in person 11/30/17*  
*(11/30/17)*

*5225 Employee Benefits-CDC*  
**Please Pay Total Amount Due**

*\$2,134.03*

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ⇨

## SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

Group Name: CARING TO LOVE MINISTRIES  
Group ID: 27A61ERC  
Subgroup ID: 0000  
Due Date: 12/15/2017

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Martea, Kim A	202227628	PPO	\$0.00	\$1,244.65	0	\$1,244.65
Wallis, Dorothy T	200579064	PPO	\$0.00	\$889.38	0	\$889.38
Totals						\$2,134.03

SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

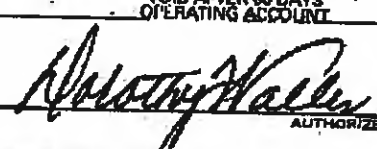


## Transactions Details

Posting Date	12/19/2017
Transaction Date	12/19/2017
Description	DDA CHECK 0000017784
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$12,416.09

Front

Back

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (RRS) 879-1184		BATON ROUGE, LOUISIANA 84-15/864 12/13/17	<b>17784</b>
PAY TO THE ORDER OF <b>Blue Cross Blue Shield</b>		<b>\$2,134.03</b>	
Two Thousand One Hundred Thirty-Four and 03/100			
Blue Cross Blue Shield P.O. Box 650007 Dallas, TX 75265		VOID AFTER 60 DAYS OPERATING ACCOUNT	
MEMO Group ID 27A61ERC Subgroup 0000 12/15/17-01/		AUTHORIZED SIGNATURE 	
⑈017784⑈ ⑆065400153⑆			

## SECTION B-FRINGS-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

 					
Electronic Federal Tax Payment System					
HOME	ENROLLMENT	MY PROFILE	PAYMENTS	HELP & INFORMATION	CONTACT US
			LOGOUT		

TAXPAYER NAME: CARE PREGNANCY CLINIC

TIN: xxxxx7636

## Deposit Confirmation

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

**EFT ACKNOWLEDGEMENT NUMBER:**

270841041722604

**PLEASE NOTE**

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

**Payment Information**
**Entered Data**

<b>Taxpayer EIN</b>	xxxxx7636
<b>Tax Form</b>	941 Employers Federal Tax
<b>Tax Type</b>	Federal Tax Deposit
<b>Tax Period</b>	10/01/2017-12/31/2017
<b>Payment Amount</b>	\$3,058.02
<b>Settlement Date</b>	01/10/2018
<b>Subcategories:</b>	
1 Social Security	\$1,794.38
2 Medicare	\$419.64
3 Tax Withholding	\$844.00
<b>Account Number</b>	xxxxx6585
<b>Account Type</b>	CHECKING
<b>Routing Number</b>	065400153
<b>Bank Name</b>	WHITNEY BANK

[Home](#)   [Enrollment](#)   [My Profile](#)   [Payments](#)   [Help & Information](#)   [Contact Us](#)   [Logout](#)
[USA.gov](#)   [IRS.gov](#)   [Treasury.gov](#)

Electronic Federal Tax Payment System® and EFTPS® are registered servicemarks of the U.S. Department of the Treasury's Financial Management Service.

**PO# 2000 224936-1217      Section A-Fringes-Fica**
**Page 1 of 1**
**LCP Budget to reimburse CTLM = \$331.77 for month**

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PO# 2000 224936-1217

Section - Fringes Worker's Comp



LCTA CASUALTY INSURANCE COMPANY CTLM \$156.29

## SELF-REPORTING WORKSHEET

Total= \$259.00

Page 1 of 2  
Print Date: 12/26/2017

Care Pregnancy Clinic  
Caring to Love Ministries Inc  
3813 N Flannery  
Baton Rouge, LA 70814

Agent: 576  
Ozark South Central Insurance  
(225)775-7614

Carrier Policy #: WC-1-019438-117  
Rating State: LA  
Payment Due: 1/15/2018

Policy No.: 001000019438117

Division: 0

Policy period: 1/01/2017 - 1/01/2018  
Reporting Period: 12/01/2017 - 12/31/2017

(1) Code	(2) Classification	(3) Payroll	(4) Rate	(5) Premium
8810	Clerical Office Employees Noc	7417.31	.29	21.51
8864	Social Svcs Org-All Employees	9003.60	2.58	232.29
<p>Life Choice = \$102.71 CTLM = \$156.29 TOTAL = \$259.00</p>				
**** If no payrolls, report "none" ****				
Discounts included in lines (9) (13):		(6) Total Manual Premium 253.80		
		(7) Increased Limits .000% +		
		(8) Subtotal = 253.80		
		(9) Discount factor before modifier x 1.000		
		(10) Subtotal = 253.80		
Months not reported:		(11) Experience Modifier x		
		(12) Subtotal = 253.80		
		(13) Discount factor after modifier x 1.000		
Make check payable to: LCTA Casualty Insurance Company PO Box 86510 Baton Rouge, LA 70879-6510		(14) Total Premium Due = 253.80		
		(15) Add Cents to round 7.20		
		(16) + 254.00		
		(17) Previous Balance + .00		
		(18) Total Due = 254.00		

For billing inquiries, call: PREMIUM ACCT 225-242-4443

## Instructions:

Enter the payroll for each class code into column (3). Multiply by the rate in column (4), and then by .01, round to the nearest dollar, and place the result in column (5). Total the premium in column (5), and enter the result in box (6). Multiply box (6) by the Increased limits percentage, round to the nearest dollar, and place the result in box (7). Add box (7) to box (6), and place the result in Subtotal box (8). Multiply box (8) by the Discount factor before modifier (9), round to the nearest dollar, and place the result in Subtotal box (10). Multiply box (10) by Experience modifier (11), round to the nearest dollar, and place in Subtotal box (12). Multiply box (12) by the Discount factor after modifier (13), round to the nearest dollar, and place the result in Total Premium Due (14). For box (15), the total reported payrolls (minus per capita payrolls) must be divided by 100 and then multiplied by the Foreign Terrorism rate and rounded to the nearest dollar. Multiply the State Tax % by box (14) and box (15) and place the result in box (16). Add the Previous Balance from box (17) to box (14) thru box (16). Place the result in box (18). Please attach a check for this amount to the completed form and return.

I (WE) THE UNDERSIGNED, HEREBY CERTIFY THAT THE FIGURES APPEARING ON THIS REPORT AS "ACTUAL PAYROLL" ARE A TRUE AND COMPLETE STATEMENT OF THE EARNINGS OF ALL EMPLOYEES COVERED UNDER THIS POLICY FOR THE PERIOD AS STATED.

Signature:

Vicki Dunn

Title:

Accountant

Date: 1/9/18

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## Copy of payment receipt from LCTA CASUALTY INSURANCE COMPANY

BusinessServices@intuit.com

Tue 1/9/2018 1:24 PM

To: luv luv &lt;luv@ctlm.org&gt;;

**Dear Care Pregnancy Clinic - 19438**

Below is the sales receipt provided to you by LCTA CASUALTY INSURANCE COMPANY

<b>Transaction Receipt</b>			
Transaction Type	<b>Sale</b>	Amount:	<b>\$259.00</b>
Name:	<b>Care Pregnancy Clinic - 19438</b>	Date & Time:	<b>01/09/2018 - 11:24 PST</b>
<b>Check Information</b>			
Account No.:	<b>*****69</b>	Account type:	<b>Checking</b>
Routing No.:	<b>*****153</b>		
<b>Payment ID</b>			
Authorization Code:	<b>712-743</b>	Transaction ID:	<b>a0hnhqm7</b>

**Thank you for your order,**  
LCTA CASUALTY INSURANCE COMPANY

LCTAACCOUNTING@LCTACOMP.COM

This notice is to confirm your authorization for LCTA CASUALTY INSURANCE COMPANY to initiate either an electronic debit to your bank account or to create and process a demand draft against your bank account in the amount of \$259.00 on or after 01/09/2018 - 11:24 PST . If you have any questions about this payment or your authorization, you may contact LCTA CASUALTY INSURANCE COMPANY at LCTAACCOUNTING@LCTACOMP.COM.

Please do not reply to this message as we are unable to respond to questions at this e-mail address.

**PO# 2000 224936-1217****Section B-Fringes-Worker's Comp****Page 2 of 2****SECTION 1-FRINGS-Worker's Comp****LCP Budget to reimburse CTLM = \$102.71 for month**

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**PO# 2000 224936**

**SECTION C**

**TRAVEL**

## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$234.09

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Jashoud Adams

ADDRESS

11625 Sherwood Valley CT

CITY

Baton Rouge

DATE OF CLAIM

DEPARTMENT

DIVISION Travel

SECTION Travel

FOR PERIOD

12/1/17-12/31/17

## Expense Summary

Automobile:	Lump-Sum Allowance	\$	
	Per Mile Cost: 459 ml. @ .51	\$	
	ml. @ .51	\$ 234.09	\$ 234.09
Subsistence:	Lodging	\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)	\$	\$
Tolls and Parking			\$
Tips (for baggage handling only)			\$
Other Expenses			\$
Less: Travel Advance			\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients		\$ 234.09

## Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

Home Prenatal Care Educator

East Baton Rouge

TITLE OR POSITION

OFFICIAL DOMICILE

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

CEO/President

NAME

SIGNED BY:

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference



ACH = \$234.09

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97)									
September 2017									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance		
	Dep	Arr		Depart	Arrive		Lodging	Meals	Other Expenses
							No.	Cost	Description
12/6/2017	9:46:00 AM	9:54:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 9470 Greenwell Springs Rd, BR, LA 70814	115631	115639	8			
12/6/2017	10:12:00 AM	10:30:00 AM	9470 Greenwell Springs Rd, BR, LA 70814 to 3813 N. Flannery Rd, BR, LA 70814	115639	115647	8			
12/6/2017	2:45:00 PM	3:05:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 6585 San Juan Dr, BR, LA 70811	115804	115812	8			
12/6/2017	3:41:00 PM	4:00:00 PM	6585 San Juan Dr, BR, LA 70811 to 3813 N. Flannery Rd, BR, LA 70814	115812	115820	8			
12/7/2017	1:45:00 PM	1:57:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 6777 Oak Park Dr, BR, LA 70812	115838	115846	8			
12/7/2017	2:36:00 PM	2:58:00 PM	6777 Oak Park Dr, BR, LA 70812 to 3813 N. Flannery Rd, BR, LA 70814	115846	115854	8			
12/11/2017	9:57:00 AM	10:03:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 13146 Florida Blvd, BR, LA 70815	115917	115919	2			
12/11/2017	10:51:00 AM	10:59:00 AM	13146 Florida Blvd, BR, LA 70815 to 3813 N. Flannery Rd, BR, LA 70814	115919	115921	2			
12/11/2017	2:27:00 PM	2:50:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 7537 Green Gate Dr, BR, LA 70811	115921	115932	11			
12/11/2017	3:11:00 PM	3:30:00 PM	7537 Green Gate Dr, BR, LA 70811 to 3813 N. Flannery Rd, BR, LA 70814 D56	115932	115943	11			
12/13/2017	2:07:00 PM	2:35:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 3462 Van Buren St, Baker, LA 70714	115985	116000	15			
12/13/2017	2:55:00 PM	3:16:00 PM	3462 Van Buren St, Baker, LA 70714 to 3813 N. Flannery Rd, BR, LA 70814	116000	116015	15			
12/14/2017	9:45:00 AM	10:10:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 30060 Willie Turner Dr, Walker LA 70785	116029	116047	18			
12/14/2017			30060 Willie Turner Dr, Walker LA 70785 to 3813 N. Flannery Rd, BR, LA 70814	116047	116065	18			
						140			
						0.51			
						\$ 71.40			

Total Miles Traveled  
Rate per Mile  
Total Amount to Bill

25

ACH = \$234.09

Page 2 of 2 Travel Expense Form										P.O.# 2000 224936 SECTION C - Travel									
BA-12 (3/97)										September 2017									
Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Substance		Tolls and Parking	Meals	Other Expenses								
	Dep	Arr		Depart	Arrive		Lodging	No.				Cost	Tips	Description	Cost				
12/14/2017	11:06:00 AM	11:35:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 10012 Ponder Ln, BR, LA 70706	116065	116077	12													
12/14/2017	11:51:00 AM	12:12:00 PM	10012 Ponder Ln, BR, LA 70706 to 3813 N. Flannery Rd, BR, LA 70814	116077	116089	12													
12/14/2017	2:12:00 PM	2:25:00 PM	3813 N. Flannery Rd, BR, LA 70814 to 1809 Sherwood Forest Blvd, BR, LA 70816	116089	116094	5													
12/14/2017	2:42:00 PM	3:10:00 PM	1809 Sherwood Forest Blvd, BR, LA 70816 to 3813 N. Flannery Rd, BR, LA 70814	116094	116099	5													
12/15/2017	11:20:00 AM	11:45:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 15555 Jefferson Hwy, BR, LA 70817	116103	116114	11													
12/15/2017	12:29:00 PM	1:00:00 PM	15555 Jefferson Hwy, BR, LA 70817 to 6515 Hanks St, BR, LA 70812	116114	116125	11													
12/15/2017	1:30:00 PM	1:39:00 PM	6515 Hanks St, BR, LA 70812 to 1076 N Donimoor Ave, BR, LA 70806	116125	116129	4													
12/15/2017	1:55:00 PM	2:01:00 PM	1076 N Donimoor Ave, BR, LA 70806 to 8899 Florida Blvd, BR, LA 70815	116129	116132	3													
12/15/2017	2:30:00 PM	3:20:00 PM	8899 Florida Blvd, BR, LA 70815 to 8565 Leake Ave, BR, LA 70810	116132	116143	11													
12/15/2017	4:38:00 PM	5:17:00 PM	8565 Leake Ave, BR, LA 70810 to 3813 N. Flannery Rd, BR, LA 70814	116143	116159	16													
12/20/2017	10:44:00 AM	11:16:00 AM	3813 N. Flannery Rd, BR, LA 70814 to 363 Mills Ave apt #22, BR, LA 70807	116254	116268	14													
12/20/2017	11:40:00 AM	12:10:00 PM	363 Mills Ave apt #22, BR, LA 70807 to 6535 Magnolia Beach Rd, DS, LA 70814	116268	116284	16													
12/20/2017	12:33:00 PM	12:46:00 PM	6535 Magnolia Beach Rd, DS, LA 70814 to 3813 N. Flannery Rd, BR, LA 70814	116284	116291	7													
						0													

Total Miles Traveled 127 ✓  
 Rate per Mile 0.51  
 Total Amount to Bill \$ 64.77

ACH = \$234.09

Page 2 of 2 Travel Expense Form P.O.# 2000 224936 SECTION C - Travel

BA-12 (3/97)

September 2017

September 2017

Date	Hour (AM/PM)		Territory Traveled	Odometer		Miles Trav	Meals		Tolls and		Other Expenses	
	Dep	Arr		Depart	Arrive		No.	Cost	Parking	Tips	Description	Cost
12/21/2017	10:33:00 AM	10:52:00 AM	3813 N Flannery Rd, BR, LA 70814 to 3485 Cedarcrest Ave, BR, LA 70816	116316	116325	9						
12/21/2017	11:18:00 AM	11:38:00 AM	3485 Cedarcrest Ave, BR, LA 70816 to 3813 N Flannery Rd, BR, LA 70814	116325	116334	9						
12/22/2017	12:57:00 PM	1:05:00 AM	3813 N Flannery Rd, BR, LA 70814 to 9532 Glensade Ave, BR, LA 70814	116370	116374	4						
12/22/2017	1:26:00 PM	2:26:00 PM	9532 Glensade Ave, BR, LA 70814 to 7446 Solitude RD, St Francisville, WF 70775	116374	116415	41						
12/22/2017	2:42:00 PM	4:20:00 PM	7446 Solitude RD, St Francisville, WF 70775 to 3813 N Flannery Rd, BR, LA 70814 to	116415	116456	41						
12/27/2017	10:55:00 AM	11:28:00 AM	3813 N Flannery Rd, BR, LA 70814 to 8166 Plank Rd, BR, LA 70811	116700	116710	10						
12/27/2017	12:17:00 PM	12:52:00 PM	8166 Plank Rd, BR, LA 70811 to 122 N. Lobdell Ave, BR, LA 70806	116710	116718	8						
12/27/2017	1:11:00 PM	1:48:00 PM	122 N. Lobdell Ave, BR, LA 70806 to 20011 Eastwood Dr, Zachary, LA 70791	116718	116740	22						
12/27/2017	2:10:00 PM	2:57:00 P M	20011 Eastwood Dr, Zachary, LA 70791 to 3813 N Flannery Rd, BR, LA 70814	116740	116762	22						
12/28/2017	9:17:00 AM	9:39:00 AM	3813 N Flannery Rd, BR, LA 70814 to 10501 Burbank Dr, BR, LA 70810	116771	116784	13						
12/28/2017	9:53:00 AM	10:33:00 AM	10501 Burbank Dr, BR, LA 70810 to 3813 N Flannery Rd, BR, LA 70814	116784	116797	13						
							TOTAL MILES = 459					
							ACH = \$234.09					

Total Miles Traveled 192 ✓  
 Rate per Mile 0.51  
 Total Amount to Bill \$ 97.92

140  
 + 127  
 + 192  
 + 59

ACH = \$234.09



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59096	LCP CHECKING xxxxxx6649	\$234.09

Tracking ID: 59096

Total Amount: \$234.09

Created: 01/09/2018 9:46 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 9:47 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

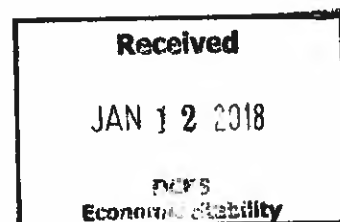
RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$234.09	XXXX6569	Checking	XXXXX0153	

Addenda: Travel- J Adams

APPROVAL(S):

1 DOROTHY WALLIS



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## TRAVEL EXPENSE ACCOUNT

BA-12 (3/97)

ACH = \$17.34

The statement on the reverse side must be completely filled in by the payee prior to signature. Receipts must be attached as required by travel regulations.

NAME OF OFFICER OR EMPLOYEE

Kim A. Hardee

ADDRESS 15847 Haynes Bluff Ave.

Baton Rouge, La. 70817

DATE OF CLAIM

DEPARTMENT

DIVISION Travel

12/01/2017-12/31/17

## Expense Summary

Automobile:	Lump-Sum Allowance		\$	
	Per Mile Cost:	34	ml. @ .51	\$
			ml. @ .51	\$ 17.34
Subsistence:	Lodging		\$	
	Meals (SEE PPM 49 FOR RECEIPTS REQUIRED FOR SPECIAL AND HIGH COST AREA MEALS)		\$	\$
Tolls and Parking				\$
Tips (for baggage handling only)				\$
Other Expenses				\$
Less: Travel Advance				\$
Total Reimbursable Costs	Travel reflects the vehicle usage for our Baton Rouge location to provide home outreach support services to our clients			\$ 17.34

## Certificate of Payee

I certify that this expense account is just and true in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the State and none of the expenses have been paid by the State; and that the full amount is justly due.

SIGNED BY PAYEE

Kim Hardee RN

TITLE OR POSITION

Home Prenatal Care Nurse

OFFICIAL DOMICILE

E. Baton Rouge

## Certificate of Head of Budget Unit

I certify that the charges set forth on this expense account have been examined by me; that the services for which the charges are made were necessary and proper; and that, in my opinion, the amounts claimed are just and reasonable.

Dorothy Wallis

NAME

SIGNED BY:

CEO/President

TITLE

REMARKS BY HEAD OF BUDGET UNIT IN EXPLANATION OF UNUSUAL ITEMS, ETC.

Agency No.	Orgn.	Object	Sub Obj.	Rptg. Category	Amount	Document Reference

DATE	HOUR (SPECIFY AM/PM)		TERRITORY TRAVELED SHOW ALL POINTS VISITED	ODOMETER READING		MILES TRAV.	SUBSISTENCE			TOLLS AND PARK	TIPS	OTHER EXPENSES	
	DEP.	ARR.		DEPART	ARRIVE		LODGING	MEALS	NO.			COST	DESCRIPTION
12/01/2017	2:45 pm	3:15 pm	FROM 3813 North Flannery Baton Rouge, La. 70814 TO 6435 Jackson St. Baton Rouge, La. 70802	42520	42528	8							
	3:35 pm	4 pm	FROM Jackson St. Baton Rouge, La. 70802 TO 3813 North Flannery Baton Rouge, La. 70814	42528	42534	6							
12/01/2017	4:25 pm	4:45 pm	FROM 3813 North Flannery Baton Rouge, La. 70814 TO 3530 Harding Blvd. Baton Rouge, La. 70807	42534	42544	10							
	5:10 pm	5:30 pm	FROM 3530 Harding Blvd. Baton Rouge, La. 70807 TO 3813 North Flannery Baton Rouge, La. 70814	42544	42554	10							
				TOTAL MILES		34							
					X	.51							
						\$17.34							

**ACH = \$17.34**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59099	LCP CHECKING xxxxxx6649	\$17.34

**Tracking ID:** 59099**Total Amount:** \$17.34**Created:** 01/09/2018 9:48 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 01/09/2018 9:48 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 1/9/2018**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$17.34	XXXX6569	Checking	XXXXX0153	

**Addenda:** Travel-Dec Kim Hardee**APPROVAL(S):**

1 DOROTHY WALLIS

31



PO# 2000 224936

SECTION D

operating 0.0  
0.0

337.95 +  
1,100.00 +  
1,437.95 \*

printing 1,437.95 +  
ofc. sup 1,395.03 +  
copy 250.00 +  
internet 195.00 +  
website 14.95 +  
knowprsure 875.00 +  
4,167.93 \*

0.0

OPERATING EXPENSES

printing: A America 12/1/17 \$163.95 pd  
A America 12/1/17 - \$174.00 pd  
337.95  
Rand & Rice 12/31/17 \$1,100.00 pd  
\$1,437.95



# Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
12/1/2017	226036

## Bill To

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms

Account #

Net 30

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Life Choice.org	163.95	163.95
<p>PO# 2000 224936-1217</p> <p>SECTION D-Operating Expense-Printing</p> <p>LCP Budget to reimburse CTLM = <math>163.95 + 174.00 = 337.95</math> for Ad America</p>		<p>Page 1 of 3</p>	
		<b>Total</b>	<u>\$163.95</u>

# Ad America

Internet Marketing • Direct Mail • Yellow Pages

18308 Wickham Rd. Ste B  
Olney, MD 20832

Phone: 301 570-7575

Fax: 866 324-5531

Date	Invoice #
12/1/2017	226035

**Bill To**

Caring to Love Ministries  
Life Choice Project  
Dorothy Wallis  
3813 North Flannery Road  
Baton Rouge, LA 70814

Terms	Account #
Net 30	

Quantity	Description	Rate	Amount
1	Monthly maintenance fee for Achoice.org	174.00	174.00
PO# 2000 224936-1217		Page 2 of 3	
SECTION D-Operating Expense-Printing			
LCP Budget to reimburse CTLM = $163.95 + 174.00 = 337.95$ for Ad America			
Total			\$174.00

## Transactions Details

Posting Date	12/11/2017
Transaction Date	12/11/2017
Description	DDA CHECK 0000017778
Transaction Type	Debit
T/C	0077
Amount	\$337.95
Balance	\$858.74

Front

Back

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (228) 273-1124		<b>WHITNEY</b> BATON ROUGE, LOUISIANA 84-16/884	<b>17778</b>  <u>12/1/17</u>
PAY TO THE ORDER OF <u>Ad America</u>		<b>\$337.95</b>	
Three Hundred Thirty-Seven and 95/100		DOLLARS	
Ad America 18308 Wickham Rd, Ste B Olney, MD 20832 PO# 2000 224936-1217 MEMO		VOID AFTER 60 DAYS OPERATING ACCOUNT <i>Harrold Waller</i> AUTHORIZED SIGNATURE	
SECTION 2 Operating			
⑈017778⑈⑈00153⑈			
LCP Budget to reimburse CTLM = 163.95+174.00=337.95 for Ad America			

**Randy Rice and Associates** ~~LES~~ Budget to reimburse \$1100 Randy Rice & Assoc.8221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451**Invoice**

DATE	INVOICE #
<del>12/31/2017</del>	13952

Caring to Love Ministries  
3813 North Flannery  
Baton Rouge, La 70814

DESCRIPTION	AMOUNT
Social Media Advertising December	
Social Media Ad Campaign - Facebook & Instagram 16,295 People Reached, 307 Post Engagements	1,100.00
Thank you for your business.	<b>Total</b> <del>\$1,100.00</del>

LCP Budget to reimburse \$1100 Randy Rice & Assoc.

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59131	LCP CHECKING xxxxxx6649	\$1,100.00

Tracking ID: 59131

Total Amount: \$1,100.00

Created: 01/09/2018 10:12 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 10:13 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$1,100.00	XXXXX7939	Checking	XXXXX0137	

Addenda: Rice and Assoc-Printing

## APPROVAL(S):

1 DOROTHY WALLIS

**Jeanine M. LeBlanc**

---

**From:** Dorothy Wallis <dwallis@ctlm.org>  
**Sent:** Wednesday, January 31, 2018 12:10 AM  
**To:** Jeanine M. LeBlanc  
**Subject:** 2nd Reply 2000224936 Ctl December 2017 invoice

Jeanine,

In regards to the ATA funding for grant period 17-18, in Section D of the Operating Expenses Office Supplies budget category

Caring To Love Ministries approved budget was \$3600 for 12 months. There are two disbursements of \$1800 that was allocated between, our six subcontractors based on their average performance of services.

When an agency is not fully reimbursed that is because the subcontractor exceeded their allocation for the period.

We trust this is the explanation needed. If I may be further assistance, please contact me. Please confirm receipt of this email.

Again Thanks,  
Dorothy Wallis

Sent from my iPhone

On Jan 29, 2018, at 8:24 AM, Jeanine M. LeBlanc <[Jeanine.LeBlanc.DCFS@LA.GOV](mailto:Jeanine.LeBlanc.DCFS@LA.GOV)> wrote:

Ms. Wallis:

These calculations do not show how you arrived at \$377.00 reimbursement for \$626.38 (\$337.38 & \$289.00) for supplies for A Pregnancy Center and Clinic. Please provide this information.

---

**From:** Jeanine M. LeBlanc  
**Sent:** Monday, January 29, 2018 9:36 AM  
**To:** 'Dorothy Wallis'  
**Subject:** RE: 2000224936 Ctl December 2017 Invoice

Thank you.

I will let you know if we need anything else.

*Jeanine LeBlanc*

Jeanine LeBlanc

ES Program Consultant

Dept. Children and Family Services

627 North Fourth Street, 5-321

Baton Rouge, LA 70802

[Jeanine.LeBlanc@la.gov](mailto:Jeanine.LeBlanc@la.gov)

Office 225-342-5417

Fax 225-342-2536

---

**From:** Dorothy Wallis [<mailto:dwallis@ctfm.org>]  
**Sent:** Friday, January 26, 2018 10:59 PM  
**To:** Jeanine M. LeBlanc  
**Cc:** Dorothy Wallis  
**Subject:** 2000224936 CtL December 2017 Invoice

*Afternoon Jeanine,*

*As busy as you are, we're trusting you're doing well. When you open the first two files you will see the credit card receipt for the payment of the balance due for our yearly audit. Micheal Choate assistant had trouble printing the receipt by the time we delivered our billing.*

*In regards to the calculations establishing how the percentages are determined. In the Section D, Operating Expenses Office Supplies Summary form submitted in our December billing highlighted in yellow is the percentages reflecting how much was allotted to each sub-contractor.*

*The office supply allocation is based on each sub-contractors service performance. The comparison table indicates the average of total services, Home Outreach and Intakes. The Care Pregnancy Clinic allotted Women's Life some of their office supply portion because Women's Life was struggling to recapture their client volume following the August 2016 flood.*

*Should you have any questions or if I may be of further assistance please contact me anytime. Please confirm receipt of this email.*

<image001.png>

*"Teamwork can help you accomplish greatness."*

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---

**From:** Jeanine M. LeBlanc [<mailto:Jeanine.LeBlanc.DCFS@LA.GOV>]  
**Sent:** Thursday, January 25, 2018 10:24 AM  
**To:** Dorothy Wallis <[dwallis@ctlm.org](mailto:dwallis@ctlm.org)>  
**Subject:** 2000224936 Ctl. December 2017 Invoice Info needed

**Ms. Wallis:**

You requested \$377.00 reimbursement for \$626.38 (\$337.38 & \$289.00) for supplies for A Pregnancy Center and Clinic. Please provide the calculations showing how you arrived at the amounts for reimbursement.



Please provide verification of payment of Auditor Service (Michael Choate).

This information is due no later than Tuesday, January 30, 2018.

*Jeanine LeBlanc*

Jeanine LeBlanc

ES Program Consultant

Dept. Children and Family Services

627 North Fourth Street, 5-321

Baton Rouge, LA 70802

[Jeanine.LeBlanc@la.gov](mailto:Jeanine.LeBlanc@la.gov)

Office 225-342-5417

Fax 225-342-2536

**Analysys Percentages by Center:**

	Care Prog Clinic	Women's Res. Natch	A Pregn Center	Access Metairie	Women's Life	Restoration House	CPC Gonzales	TOTALS
Total Services	2,860	1,312	1,880	468	327	988	323	8,158
%	35%	16%	23%	6%	4%	12%	4%	100%
Total Home Outreach	103	55	50	-	16	38	10	272
%	38%	20%	18%	0%	6%	14%	4%	100%
Total Intakes	414	155	231	70	36	131	67	1,104
%	38%	14%	21%	6%	3%	12%	6%	100%
Average per about stats	37%	17%	21%	4%	4%	13%	5%	100%
Office Supplies % paid	25%	18%	21%	6%	10%	16%	4%	100%

The average of the above statistics indicate our average is indicative of what we paid our Subs, except for Women's Life—we gave them a larger share and took from CPC

The above stats also show we base our Office Supply budges on their performance of services.

0 • C

0 • C

337 • 38 x

21 • 01 %

70 • 88 3538 \*

0 • C

0 • C

0 • C

15 • 53 +

6 • 47 +

21 • 01 +

18 • 39 +

9 • 67 +

25 • 03 +

3 • 9 +

100 • \*

0 • C

289 • x

21 • 01 %

60 • 7189 \*

0 • C

70 • 88 +

60 • 72 +

131 • 6 \*

0 • C

Rec'd 4/29/18

P.O. # 2000 224936-1217  
Section D-Operating Expenses  
Office Supplies Summary

	<u>Amt Spent</u>	<u>Reimbursed</u>	<u>%</u>
<b><u>Restoration Pregnancy Resource Center</u></b>			
12/22/2017 Office Depot	8.79		
12/22/2017 Best Buy	118.78		
12/22/2017 Office Depot	151.03		
<b>Total Restoration Preg. Res. Center</b>	<b>\$ 278.60</b>		
<b>LCP Reimbursement for Office Supplies</b>		<b>\$ 278.60</b>	<b>15.53%</b>
<b><u>Access/Metairie (Catholic Charities)</u></b>			
12/7/2017 Office Depot	135.53		
<b>Total Access/Metairie-Catholic Charities</b>	<b>\$ 135.53</b>		
<b>LCP Reimbursement for Office Supplies</b>		<b>\$ 116.00</b>	<b>5.47%</b>
<b><u>A Pregnancy Center and Clinic</u></b>			
12/11/2017 Office Depot	337.38		
12/11/2017 TechSoup	289.00		
<b>Total for A Pregnancy Center and Clinic</b>	<b>\$ 626.38</b>		
<b>LCP Reimbursement for Office Supplies</b>		<b>\$ 377.00</b>	<b>21.01%</b>
<b><u>Women's Resource Ctr of Natchitoches</u></b>			
12/27/2017 Amazon.com	232.71		
12/27/2017 Amazon.com	44.79		
12/27/2017 Amazon.com	55.20		
<b>Total for Women's Res Ctr of Natchitoches</b>	<b>\$ 332.70</b>		
<b>LCP Reimbursement for Office Supplies</b>		<b>\$ 330.00</b>	<b>18.39%</b>
<b><u>Women's Life Ministries</u></b>			
12/13/2017 Office Depot	173.42		
<b>Total Women's Life Ministries</b>	<b>\$ 173.42</b>		
<b>LCP Reimbursement for Office Supplies</b>		<b>\$ 173.42</b>	<b>9.67%</b>
<b><u>Care Pregnancy Clinic</u></b>			
12/27/2017 Sam's Club	449.44		
<b>Total Care Pregnancy Clinic</b>	<b>449.44</b>		
<b>LCP Reimbursement for Office Supplies</b>		<b>\$ 449.00</b>	<b>25.03%</b>
<b><u>CPC-Gonzales Clinic</u></b>			
12/28/2017 Sam's Club	70.75		
<b>Total CPC-Gonzales Clinic</b>	<b>70.75</b>	<b>\$ 70.00</b>	<b>3.90%</b>
<b>GRAND TOTAL OFFICE SUPPLIES ALL CENTERS REIMBURSED</b>		<b>\$ 1,794.02</b>	

Next 1/29/18  
J

P.O. # 2000 224936-1217  
Section D-Operating Expenses  
Office Supplies Summary

	Amt Spent	Reimbursed
<b><u>Restoration Pregnancy Resource Center</u></b>		
12/22/2017 Office Depot	8.79	
12/22/2017 Best Buy	118.78	
12/22/2017 Office Depot	151.03	
<b>Total Restoration Preg. Res. Center</b>	<b>\$ 278.60</b>	
LCP Reimbursement for Office Supplies		\$ 278.60
<b><u>Access/Metairie (Catholic Charities)</u></b>		
12/7/2017 Office Depot	135.53	
<b>Total Access/Metairie-Catholic Charities</b>	<b>\$ 135.53</b>	
LCP Reimbursement for Office Supplies		\$ 116.00
<b><u>A Pregnancy Center and Clinic</u></b>		
12/11/17 Office Depot	337.38	
12/17/17 TechSoup Computer	289.00	
<b>Total for A Pregnancy Center and Clinic</b>	<b>\$ 626.38</b>	
LCP Reimbursement for Office Supplies		\$ 377.00
<b><u>Women's Resource Ctr of Natchitoches</u></b>		
12/27/2017 Amazon.com	232.71	
12/27/2017 Amazon.com	44.79	
12/27/2017 Amazon.com	55.20	
<b>Total for Women's Res Ctr of Natchitoches</b>	<b>\$ 332.70</b>	
LCP Reimbursement for Office Supplies		\$ 330.00
<b><u>Women's Life Ministries</u></b>		
12/13/2017 Office Depot	173.42	
<b>Total Women's Life Ministries</b>	<b>\$ 173.42</b>	
LCP Reimbursement for Office Supplies		\$ 173.42
<b><u>Care Pregnancy Clinic</u></b>		
12/27/2017 Sam's Club	449.44	
<b>Total Care Pregnancy Clinic</b>	<b>449.44</b>	
LCP Reimbursement for Office Supplies		\$ 449.00
<b><u>CPC-Gonzales Clinic</u></b>		
12/28/2017 Sam's Club	70.75	
<b>Total CPC-Gonzales Clinic</b>	<b>70.75</b>	\$ 70.00
<b>GRAND TOTAL OFFICE SUPPLIES ALL CENTERS REIMBURSED</b>		<b>\$ 1,794.02</b>

let  
my  
budget

Computer

includes  
a printer 109.99  
not in  
budget

88.00

63.43

Order Number: 991980141-001  
 Order Placed: 4/22/2017  
 Tracking #: 129Y68R00333474734  
 Status: Shipped  
 Order Placed By: RESTORATIONHAMMOND@GMAIL.COM

Order Placed By: RESTORATIONHAMMOND@GMAIL.COM

Processing Shipped Delivered

**Billing Address**  
 RESTORATION  
 PREGNANCY  
 RESOURCE  
 101 S SPRUCE ST  
 HAMMOND, LA  
 70403  
 (985) 542 - 0492

**Shipping Address**  
 RESTORATION HOUSE  
 PREGNANCY  
 RESOURCE  
 101 S SPRUCE ST  
 HAMMOND, LA  
 70403  
 ACCOUNTING@RHPRC.COM

**Rewards**  
 RESTORATION HOUSE 1157567999

**Payment Method**  
 Debit/Credit Card  
 CARD (S-7436)  
 \*\*\*\*7436  
 Amount \$8.79

**Comments:**  
 LCP Budget to reimburse CTLA for Restoration Pregnancy Resource Ctr

Item Description	Qty	Shipped	Price	Total	Reorder
AT-A-GLANCE® Monthly Easel Calendar, 6 3/8 x 6 1/16", Between The Lines, January to December 2018 Item # 449099 Review This Product	1	1	\$7.99 /each	\$7.99	<input checked="" type="checkbox"/>

Page 1



Subtotal: \$7.99  
 Delivery Fee: \$0.00  
 Tax Exempt Taxes: \$0.80



12/30/2017, 2:51 PM

1 of 2

39

2 of 3

Total: \$8.79

Status  
Shipped  
Shipped

Delivery Date  
12/26/2017  
12/26/2017

Total  
\$151.03  
\$8.79

Related Orders  
Order number  
1980118-001  
1980141-001  
1980128-001  
1980136-1217  
SECTION D-Operating Expense-Office Supplies  
P Budget to reimburse CTLM = \$278.60 for Restoration Pregnancy Resource Ctr

272

40

Order Number: BBY01-805522895616

Order Status: Shipped  
2 items

Payment Method

Visa \*\*\*\*7436

Order Summary

Product Total	\$107.98
Shipping	FREE
Sales Tax, Fees & Surcharges	\$10.80
Order Total	\$118.78 ✓

\$118.78

Item Details

Brother - TN660 Toner Cartridge - Black

Model: TN-660  
SKU: 6131208  
Quantity: 2

Shipping Address

Beth Davis  
101 S SPRUCE ST  
HAMMOND, LA 70403 US

Item Total \$118.78

Product Price	\$107.98
Sales Tax, Fees & Surcharges	\$10.80

Page 3 of 7

Status: Shipped  
Quantity: 2

Good news! Your order is on its way.  
UPS Tracking Number: 1ZWF25470392831366

PO# 2000 224936-1217

D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$278.60 for Restoration Pregnancy Resource Ctr

12/30/2017, 2:54 PM

# Office DEPOT® OfficeMax®

Taking care of business

Order Number: 991980118-001  
Order Placed: 12/22/2017  
Tracking #: 1Z870A190301133874

Status: Shipped  
Order Placed By: RESTORATIONHAMMOND@GMAIL.COM

Shipped  
Delivered

**Billing Address**  
RESTORATION  
PREGNANCY  
RESOURCE  
101 S SPRUCE ST  
HAMMOND, LA  
70403  
(985) 542 - 0492

**Shipping Address**  
RESTORATION HOUSE 1157567999  
RESTORATION  
PREGNANCY  
RESOURCE  
101 S SPRUCE ST  
HAMMOND, LA  
70403  
ACCOUNTING@RHPRG.COM

**Rewards**

Comments:

Item Description	Qty	Shipped	Price	Total	Reorder
Office Depot® Brand Monthly Desk Pad Calendar, 17" x 11", 30% Recycled, White, January to December 2018 (OD2010-00-18)	2	2	\$10.99 /each	\$21.98	2
Item # 865929 Review This Product					

Smead® Color File Folders, Letter Size, 1/3 Cut, Purple, Box Of 100	2	2	\$19.99 /box	\$39.98	2
Item # 572750 Review This Product					

12/30/2017, 2:50 PM



423



Description	Qty Shipped	Price	Total	Reorder	Product
PO# 2000 224936-1217 SECTION 1 LCP Budget to Reimburse CTM = \$278.60 for Restoration Pregnancy Resource Ctr					
Neenah Astrobrights® Bright Color Paper, Letter Size Paper, 24 Lb, FSC Certified, Terra Green, Ream Of 500 Sheets Item # 364065 Review This Product	1	1	\$13.99 /ream	1	Reorder Price: \$13.99 / ream
Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Ivory, Ream Of 500 Sheets Item # 345694 Review This Product	1	1	\$11.99 /ream	1	Reorder Price: \$11.99 / ream
Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Lilac, Ream Of 500 Sheets Item # 478156 Review This Product	1	1	\$11.99 /ream	1	Reorder Price: \$11.99 / ream
Xerox® Vitality Colors™ Multipurpose Printer Paper, Letter Size Paper, 20 Lb, 30% Recycled, Salmon, Ream Of 500 Sheets Item # 478123 Review This Product	1	1	\$11.99 /ream	1	Reorder Price: \$11.99 / ream
Office Depot® Brand White Permanent Inkjet/Laser File Folder Labels, 2 1/3" x 3 7/16", White, Pack Of 750 Item # 220472 Review This Product	1	1	\$22.99 /pack	1	Reorder Price: \$22.99 / pack
20% Off Your Highest Priced It	1		(\$4.60)		

Item Description Qty Shipped Price Total Reorder

FW721R07Y4G6R

# 2000 224936-1217

Office Depot® Brand Removable

Inkjet/Laser Multipurpose Round

Labels, 3/4" Diameter, White, Pack

Of 1,008 Item # 660534 Review

This Product



Return

Coupons / Delivery Fee Adjustments / Other Discounts: (\$4.60)

Subtotal: \$141.90

Delivery Fee: \$0.00

Tax Exempt Taxes: \$13.73

Total: \$151.03

You Saved \$4.60 on this order!

Related Orders

Order number

991980118-001

991980141-001

Page 6 of 7

Delivery Date

12/26/2017

12/26/2017

Status

Shipped

Shipped

Total

\$151.03

\$8.79

44 3013

1/9/2018

Gulf Coast Bank and Trust



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59186	LCP CHECKING xxxxxx6649	\$278.60

**Tracking ID:** 59186  
**Created:** 01/09/2018 10:55 AM  
**Created By:** DOROTHY WALLIS  
**Authorized:** 01/09/2018 10:56 AM  
**Authorized By:** DOROTHY WALLIS  
**Will process On:** 1/9/2018  
**Effective:** 1/10/2018

**Total Amount:** \$278.60  
**Total Payments:** 1  
**From:** LCP CHECKING xxxxxx6649  
**ACH Class Code:** CCD  
**ACH Header:** CARING TO LOVE M

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$278.60	XXXX176	Checking	XXXXX5459	

**Addenda:** Restoration Ofc Supply

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 7

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM - \$278.60 for Restoration Pregnancy Resource Ctr

45

DEC-13-2017 03:28P FROM: ST. VINCENT\*\*\*

5048376235

TO: 13182551259

P. 2/2

Office Supplies: Office Products and Office Furniture: Office Depot

Page 1 of 1



Taking care of business

## Order Detail

### Order & Budget Information

Order Number: 987713432-001  
 Order Date: 12/07/2017  
 Ordered By: MKUGELMANN@CCANO.ORG  
 Last Modified By: ODORDERS@CCANO.ORG  
 Last Modified On: 12/13/2017

Status: 3 Days Delivery Pending  
 Delivery Date/Time: 12/18/2017  
 08:38 AM - 05:00 PM

Purchase order  
 for ACCESS  
 Pregnancy Center

### Shipping Information

Shipping Address:  
 ACCESS CATHOLIC CHARITIES  
 921 ARIS AVE  
 METAIRIE, LA 70005-2207 USA

### Billing Information

Billing Contact:  
 MADELINE KUGELMANN  
 (504)826-3076 Ext. 6000

APPR  
 MICHELLE BLACK

Payment Method:  
 Account Billing  
 Amount: \$135.53

### Workflow Status

Status Details Comments  
 Approved by MICHELLE BLACK on 12/07/2017 at 23:10:56  
 Released by RENEE DAVENPORT on 12/13/2017 at 08:18:47

### Order Summary

Description	Your Price / Unit	Quantity	Back Ordered B/O	Shipped	Total	Reorder Price / Unit	
Item # 432241ADvs@ 10-Sheet Micro-Cut 8 1/2 Redder	\$123.49 / each	1	0	0	\$123.49	\$123.49 / each	<input checked="" type="checkbox"/>

### Comments:

Subtotal: \$123.49  
 Delivery Fee: \$0.00  
 Adjustments: \$0.00  
 Taxes: \$12.04  
 Total: \$135.53

PO# 2000 224936-1217

Page 1 of 2

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM - \$115.00 for Access

1/9/2018

Gulf Coast Bank and Trust



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59189	LCP CHECKING xxxxxx6649	\$116.00

**Tracking ID:** 59189  
**Created:** 01/09/2018 10:57 AM  
**Created By:** DOROTHY WALLIS  
**Authorized:** 01/09/2018 10:57 AM  
**Authorized By:** DOROTHY WALLIS  
**Will process On:** 1/9/2018  
**Effective:** 1/10/2018

**Total Amount:** \$116.00  
**Total Payments:** 1  
**From:** LCP CHECKING xxxxxx6649  
**ACH Class Code:** CCD  
**ACH Header:** CARING TO LOVE M

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		\$116.00	XXXXX21274	Checking	XXXXX0137	

**Addenda:** Catholic Charities Org Supply

**APPROVAL(S):**

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM - \$116.00 for Access

47

LAFAYETTE - (337) 234-9900  
12/11/2017 12:20 PM



AUTH CODE 066950  
TDS Chip Read  
AID A0000000980840 US DEBIT  
TVR 8000088000  
CVS No Signature Required  
SPC CARD# 1351

XX

www.TellOfficeDepot.com  
and enter the survey code below:  
14XR 289C 5HJX

Page 1 of 3

**LCP Budget to reimburse CTLM = \$377.00 Budgeted for A Pregnancy Center**

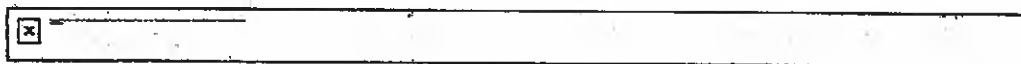
**rachelw@cox-internet.com**

**From:** A Pregnancy Center and Clinic <apcc@glacoxmail.com>  
**Sent:** Monday, December 11, 2017 3:30 PM  
**To:** Rachel Washington  
**Subject:** FW: Confirmation of Request Number 2045317

Reciept. Will use for LCP. Thanks.

**From:** TechSoup [mailto:customerservice@techsoup.org]  
**Sent:** Monday, December 11, 2017 3:27 PM  
**To:** Patrice Lewis  
**Cc:** apcc@glacoxmail.com  
**Subject:** Confirmation of Request Number 2045317

We're processing your request.



**Thanks for requesting a donation through TechSoup.**

Hi, A Pregnancy Center and Clinic.

We'll process your request in approximately two to three business days. For most donations, you'll receive another email at that time with detailed instructions about how to obtain your donation.

During checkout, you selected the option to pay by credit card. Your card will be charged when fulfillment is complete.

If your organization's nonprofit status is not yet verified by us, the donation request will not be fulfilled until we've confirmed your eligibility.

You can view the status of your request at any time in your account.

If this request was not placed by you or your organization, please contact us immediately.

**Products Requested**

Title: HP Compaq 8200 Elite Desktop, Core i5, Windows 10 (Condition B)  
Quantity: 1  
Item Price: \$289.00

1

**PO# 2000 224936-1217**

**SECTION D-Operating Expense-Office Supplies**

**LCP Budget to reimburse CTLM = \$377.00 Budgeted for A Pregnancy Center**

Equipment  
289.00

Computer  
-289.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59195	LCP CHECKING xxxxxx6649	\$377.00

Tracking ID: 59195

Total Amount: \$377.00

Created: 01/09/2018 10:58 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 10:59 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$377.00	XXXX2775	Checking	XXXXX0222	

Addenda: APCC-Ofc Supplies

## APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 3 of 3

## SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$377.00 Budgeted for A Pregnancy Center



Dec 27 17, 01:55p

WRC

3183524188

p.3

amazon smile

**Details for Order #111-6520351-9902627**Print this page for your records.**Order Placed:** December 27, 2017**Amazon.com order number:** 111-6520351-9902627**Order Total:** \$232.71**Supporting:** Womens Resource Center of Natchitoches

Invoice #1

**Not Yet Shipped****Items Ordered**

	<b>Price</b>
1 of: EXPO Low-Odor Dry Erase Set, Ultra Fine Tip, Assorted Colors, 7-Piece	\$9.48

Sold by: Amazon.com LLC

Condition: New

1 of: Smead Hanging File Folder with Tab, 1/3- Cut Adjustable Tab, Legal Size, Standard Green, 25 per Box (64135)	\$11.58
---	---------

Sold by: Amazon.com LLC

Condition: New

5 of: Springhill, Digital Card Ivory, 110lb, Letter, 8.5 x 11, 250 Sheets / 1 Ream, (056300R) Made In The USA	\$6.32
---	--------

Sold by: Amazon.com LLC

Condition: New

6 of: AmazonBasics A9 Invitation Envelope, Peel & Seal, White, 100-Pack	\$7.99
---	--------

Sold by: Amazon.com LLC

Condition: New

3 of: 100 9 x 12 SELF SEAL Security White Catalog Envelopes - 28lb - Security Tinted, Ultra Strong QUICK-SEAL, 9 x 12 Inch (38100)	\$15.77
--	---------

Sold by: Quality Business Products (seller profile)

Condition: New

1 of: Pendaflex Extra Capacity Reinforced Hanging File Folders, 2", Legal Size, Standard Green, 1/5 Cut, 25/BX (4153x2)	\$21.13
---	---------

Sold by: Amazon.com LLC

Condition: New

4 of: Pendaflex Speedframe Hanging Folder Frame, 1 per Box, (450EE)	\$13.17
---	---------

Sold by: Amazon.com LLC

Condition: New

**Shipping Address:**

Beverly Jean Broadway  
261 JOHNNIE FLOYD RD  
ROBELINE, LA 71469-5013  
United States

**Shipping Speed:**

Two-Day Shipping

**Payment Information****Payment Method:** PO# 2006 249301217

MasterCard | Last digits: 0229

**SECTION D-Operating Expense-Office Supplies**

Billing address

Beverly Broadway

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches

Item(s) Subtotal:	\$221.72
Shipping & Handling:	\$0.00
Promotion applied:	-\$4.73
	-----

Page 1 of 5

Dec 27 17, 01:55p

WRC

3183524188

p.4

107 NORTH ST  
NATCHITOCHES, LA 71457-3945  
United States

Total before tax: \$216.99  
Estimated tax to be collected: \$15.72

-----  
**Grand Total: \$232.71**

To view the status of your order, return to [Order Summary](#).

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PO# 2000 224936-1217

Page 2 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches

Dec 27 17, 01:56p



3183524188

p.6

amazonsmile

**Details for Order #111-3603883-0990642**Print this page for your records.

Order Placed: December 27, 2017

Amazon.com order number: 111-3603883-0990642

Order Total: **\$44.79**

Supporting: Womens Resource Center of Natchitoches

*Invoice #2***Not Yet Shipped****Items Ordered**

1 of: Neenah Paper Exact Vellum Bristol, 67 lb, 8.5 x 11", 250 Sheets, White, 94  
Brightness (80211), 3 pack  
Sold by: Amazon.com LLC

Price  
\$17.97

Condition: New

4 of: STPL Staples Binder Clips, Assorted Sizes, Black, 60-Pack  
Sold by: Tee Cottons (seller profile)

\$6.30

Condition: New

**Shipping Address:**

Beverly Jean Broadway  
261 JOHNNIE FLOYD RD  
ROBELINE, LA 71469-5013  
United States

**Shipping Speed:**

Standard Shipping

**Payment Information****Payment Method:**

MasterCard | Last digits: 0229

**Billing address**

Beverly Broadway  
107 NORTH ST  
NATCHITOCHES, LA 71457-3945  
United States

Item(s) Subtotal: \$43.17  
Shipping & Handling: \$0.00

Total before tax: \$43.17  
Estimated tax to be collected: \$1.62

**Grand Total: \$44.79**

To view the status of your order, return to Order Summary.

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PO# 2000 224936-1217

Page 3 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches

Dec 27 17, 01:56p

WRC

3183524188

p.6

amazon smile

**Details for Order #111-2374062-8024233**Print this page for your records.**Order Placed:** December 27, 2017**Amazon.com Order Number:** 111-2374062-8024233**Order Total:** \$55.20**Supporting:** Womens Resource Center of Natchitoches

Invoice #3

**Not Yet Shipped****Items Ordered****Price**  
1 of: Sterilite 19334304 32 Quart/30 Liter Gasket Box, Clear with Blue Aquarium Latches \$55.20  
and Gasket, 4-PackSold by: Enzoproducts ([seller profile](#))

Condition: New

**Shipping Address:**Beverly Jean Broadway  
261 JOHNNIE FLOYD RD  
ROBELINE, LA 71469-5013  
United States**Shipping Speed:**

Standard Shipping

**Payment information****Payment Method:**

MasterCard | Last digits: 0229

**Billing address**Beverly Broadway  
107 NORTH ST  
NATCHITOCHES, LA 71457-3945  
United States

Item(s) Subtotal: \$55.20

Shipping &amp; Handling: \$0.00

Total before tax: \$55.20

Estimated tax to be collected: \$0.00

**Grand Total: \$55.20**To view the status of your order, return to [Order Summary](#).[Conditions of Use](#) | [Privacy Notice](#) © 1996-2017, Amazon.com, Inc. or its affiliates

PO# 2000 224936-1217

Page 4 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59199	LCP CHECKING xxxxxx6649	\$330.00

Tracking ID: 59199

Total Amount: \$330.00

Created: 01/09/2018 11:02 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:02 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		\$330.00	XXXX078	Checking	XXXX2949	

Addenda:

WRC-Ofc Supplies

## APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 5 of 5

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$330.00 for Women's Resource Center-Nathitoches

*WLM  
Office Supply  
179.00*

# Office DEPOT OfficeMax

HAMMOND - (985) 542-9770  
4:58 PM



2TTTU9APXQ34XXMPH

SALE 2111-4-9562-664153-17.9.2  
303389 BLACK, INK, HIGH 24.99 SS  
134000 MARK, SHARPIE, 6 5.69 SS  
808766 EPSON, EXPRESSI 199.99SS  
Instant Savings -100.00  
You Pay 99.99SS  
478123 PPR, CPY, 500SH, 11.99 SS  
330848 ENV, 288, 10X13, 9.99 SS  
330784 ENV, CLS, 9X12, 2 9.99SS  
Instant Savings -4.99  
You Pay 5.00SS  
Subtotal: 157.65  
Sales Tax: 15.77  
VISA 1574

AUTH CODE 011047  
TOS Chip Read  
AID A0000000031010 Capital One Visa  
TVR 8000008000  
CVS Signature Verified

TERESA RAQUA 1624309802  
Congratulations! You've reached VIP rewards status. You'll now get 5% back on paper, ink, toner & copy/print/ship services PLUS 2% back on everything else. Visit [officedepot.com/rewards](http://officedepot.com/rewards) to view all benefits of being a VIP member

Total Savings:  
\$104.99

\*\*\*\*\*  
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V4XR PFRX ETYS

\*\*\*\*\*

PO# 2000 224936-1217

SECTION D-Operating Expense-Office

LCP Budget to reimburse

*Printer*

*-109.99*

received

12 2018

DCFS  
nrc Stability

*56*

*Reimbursable  
Supplies  
plus  
tax*

*#63.43*

*63.426 + %*

*Printer  
plus  
tax*

0 • C  
24.99 +  
5.69 +  
11.99 +  
9.99 +  
5. +  
57.66 x  
10. %  
5.766 \*  
0 • C  
99.99 x  
10. %  
9.999 \*  
0 • \*  
0 • C  
99.99 +  
10. +  
109.99 \*  
109.99 +  
63.43 +  
173.42 \*

0 • C



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59202	LCP CHECKING xxxxxx6649	\$173.42

Tracking ID: 59202

Total Amount: \$173.42

Created: 01/09/2018 11:03 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:03 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS LIFE MINISTRIES	WOMENS LIFE MINISTRIES		\$173.42	XXXXX24618	Checking	XXXXX5690	

Addenda:

WLM-Ofc Supplies

## APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse \$173.42 for Women's Life Ministries





## Thank you, your order is complete

A copy of your receipt has been sent to your email address










### Items you have already paid for:






Order Date: Dec 27, 2017

Order Number: 196809059

Items we're shipping to you

Delivery Address: Deborah Clayton  
3813 N Flannery Road  
Baton Rouge, LA 70791

ITEMS TO BE SHIPPED	SHIPPING METHOD	QTY	TOTAL
 Universal® File Folders, 1/3 Cut One-Ply Top Tab, Letter, Blue/Light Blue, 100/Box Item #: 980080211	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	1	\$14.98
 Boise - Fireworx Colored Paper, 20lb, Crackling Canary - Ream Item #: 555739	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
 Boise - Fireworx Colored Paper, 20lb, Flashing Ivory - Ream Item #: 555710	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
 Boise - Fireworx Colored Paper, 20lb, Luminous Lavender - Ream Item #: 555753	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
 Boise - FIREWORX Colored Paper, 20lb, 8-1/2 x 11, Turbulent Turquoise - 600 Sheets/Ream Item #: 181652	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$24.72
 Office Impressions - Standard Staples, 5,000 Count - 5 Packs Item #: 950660	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	2	\$8.96
 Member's Mark Copy Paper, 20lb, 92 Bright, 8-1/2 x 11" - Case Item #: 685123 \$3.00 off with Instant Savings	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	4	\$103.92
 Member's Mark Tall Kitchen Simple Fit Drawstring Bags (13gal., 200ct.) Item #: 591025	FREE - Value Shipping Arrives between Jan 02 - Jan 11	1	\$14.78
SECTION D-Operating Expense-Office Supplies			
 LCP Budget to Reimburse CTLM = \$449.00 for One Prescribed Clinic	FREE - Standard Shipping Arrives between Dec 29 - Jan 02	1	\$41.98

<b>Georgia Pacific - Spectrum Standard 92</b> <b>Multipurpose Paper, 20lb, 11 x 17, White</b> <b>- 2500 Shta/Ctn</b>  Item #: 255731				
	<b>Wausau - Exact Index Card Stock,</b> <b>110lb, White - 250 Sheets</b>  Item #: 352541	<b>FREE - Standard Shipping</b> <b>Arrives between Dec 29 - Jan 02</b>	<b>5</b>	<b>\$39.40</b>
	<b>Avery Hi-Liter Bonus Pack</b>  Item #: 230450	<b>FREE - Standard Shipping</b> <b>Arrives between Dec 29 - Jan 02</b>	<b>1</b>	<b>\$7.98</b>
	<b>Georgia Pacific - Spectrum Standard 92</b> <b>Multipurpose Paper, 20lb, 8-1/2 x 14,</b> <b>White - 5000 Shta/Ctn</b>  Item #: 255738	<b>FREE - Standard Shipping</b> <b>Arrives between Dec 29 - Jan 02</b>	<b>1</b>	<b>\$52.98</b>
	<b>Boise - Fireworx Colored Paper, 20lb,</b> <b>Bottle Rocket Blue - Ream</b>  Item #: 555725	<b>FREE - Standard Shipping</b> <b>Arrives between Dec 29 - Jan 02</b>	<b>2</b>	<b>\$12.36</b>
	<b>Boise - Fireworx Colored Paper, 20lb,</b> <b>Powder Pink - Ream</b>  Item #: 555889	<b>FREE - Standard Shipping</b> <b>Arrives between Dec 29 - Jan 02</b>	<b>2</b>	<b>\$12.36</b>
<b>Billing Address:</b> Deborah Clayton 3813 N Flannery Road Baton Rouge, LA 70791		<b>Payment Method:</b> VISA : xxxx-xxxx-xxxx-3746		
		<b>Subtotal</b> (includes savings) <b>\$408.58</b>		
		Shipping: <b>\$0.00</b>		
		Tax: <b>\$40.86</b>		
		<b>Shipped Order Total: <del>\$449.44</del></b>		
		<b>Your savings: \$12.00</b>		

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PO# 2000 224936-1217

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SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic

59



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59206	LCP CHECKING xxxxxx6649	\$449.00

Tracking ID: 59206

Total Amount: \$449.00

Created: 01/09/2018 11:04 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:05 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$449.00	XXXX6569	Checking	XXXXX0153	

Addenda:

CPE-Ofc Supplies

## APPROVAL(S):

1

DOROTHY WALLIS

PO# 2000 224936-1217

Page 3 of 3

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic

60



## Thank you, your order is complete

A copy of your receipt has been sent to your email address

### Items you have already paid for:

Order Date: Dec 28, 2017		Order Number: 723738172	
<b>Items we're shipping to you</b>			
<b>Delivery Address:</b> <i>CPC-Gonzales</i> Deborah Clayton 3813 N Flannery Road Baton Rouge, LA 70791			
<b>ITEMS TO BE SHIPPED</b>	<b>SHIPPING METHOD</b>	<b>QTY</b>	<b>TOTAL</b>
<b>Member's Mark Copy Paper, 20lb, 92 Bright, 8-1/2 x 11" - Case</b> Item #: 665123 \$3.00 off with Instant Savings	<b>FREE - Standard Shipping</b> Arrives by Jan 02	<b>2</b>	<b>\$51.96</b>
<b>Boise - Fireworks Colored Paper, 20lb, Crackling Canary - Ream</b> Item #: 555739	<b>FREE - Standard Shipping</b> Arrives by Jan 02	<b>2</b>	<b>\$12.36</b>
<b>Billing Address:</b> Deborah Clayton 3813 N Flannery Road Baton Rouge, LA 70791		<b>Payment Method:</b> VISA : xxxx-xxxx-xxxx-3746	
		<b>Subtotal</b> (includes savings) <b>\$64.32</b>	
		Shipping: <b>\$0.00</b>	
		Tax: <b>\$6.43</b>	
		<b>Shipped Order Total: \$70.75</b>	
		<b>Your savings: \$6.00</b>	

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PO# 2000 224936-1217

Page 1 of 2

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic-Gonzales

6/



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59207	LCP CHECKING xxxxxx6649	\$70.00

Tracking ID: 59207

Total Amount: \$70.00

Created: 01/09/2018 11:06 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:06 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$70.00	XXXX6569	Checking	XXXXX0153	

## Addenda:

CPC Gonzales-Ofc Supplies

## APPROVAL(S):

1 DOROTHY WALLIS

PO# 2000 224936-1217

Page 2 of 2

SECTION D-Operating Expense-Office Supplies

LCP Budget to reimburse CTLM = \$449.00 for Care Pregnancy Clinic-Gonzales

62



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602

## REMITTANCE SECTION

Invoice Number: 57475402  
Due Date: 01/15/2018  
Due This Period: \$555.75

Amount Enclosed: \$ \_\_\_\_\_

Please make check payable to:

CARE PREGNANCY CLINIC  
ATTN AP  
3813 N FLANNERY RD  
BATON ROUGE LA 70814-8002

DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602



2100000574754020000555751

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.  
PO BOX 41602  
PHILADELPHIA, PA 19101-1602  
800-736-0220

Contract Number: 25427116  
Invoice Number: 57475402  
Account Number: 854059  
Site Number: 3951293  
Invoice Date: 12/23/2017  
Period of Performance: 12/15/2017-01/14/2018  
Due This Period: \$555.75

Visit [www.lesseedirect.com](http://www.lesseedirect.com)

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See Reverse For Important Information

## INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$480.89	\$48.10	\$528.99	\$0.00	\$528.99
INSURANCE	\$24.34	\$2.42	\$26.76	\$0.00	\$26.76
Billed this Invoice	\$505.23	\$50.52	\$555.75	\$0.00	\$555.75
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$555.75

(Please see the following pages for details.)

## ASSET DETAILS

Contract Number	Serial	Purchase	Make / Model	Asset Number	Install Page 1 of 2	Cost Center	Department	Payment Amount	Tax	Total Amount
25427116	CFKF69491		TOSHIBA / ES3505AC	25427116_1				\$294.56	\$29.46	\$324.02
25427116	DRL26209		CANON / IR1025IF	25427116_3				\$27.75	\$2.78	\$30.53
25427116	HRP0682		CANON / IRA4035	25427116_2				\$158.68	\$15.88	\$174.44
Asset Location: 3813 N FLANNERY RD BATON ROUGE EAST BATON ROUGE LA 70814-8002 United States								Asset Amount Total: \$528.99		

Copy machine \$250

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# Confirmation

**Thank You!** Your payment has been made.

**CARE PREGNANCY CLINIC**

ATTN A P  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

<b>Payment Date</b>	12/27/2017
<b>Payment Method</b>	CTLM Operating WHITNEY BANK *****6569
<b>Total Payment</b>	\$555.75

You have been provided a confirmation number. Please save this page for your records.

Payments confirmed before Tuesday, December 26, 2017 12:00 PM ET will be posted on Tuesday, December 26, 2017. Payments confirmed after Tuesday, December 26, 2017 12:00 PM ET will be posted on Wednesday, December 27, 2017.

If you have any further questions about payments to Lease Direct, please contact our office at 800-736-0220 .

Confirmation #	Account Nbr - Site ID	Invoice Date	Invoice Number	Due Date	Amount Due	Payment Amount
3105493596	854059-3951293	12/23/2017	57475402	1/15/2018	\$555.75	\$555.75

PO# 2000 224936-1217

Page 2 of 2

SECTION D-Operating Expense-Copy Machine

LCP Budget to reimburse CTLM = \$250.00 DeLage Landen Financial Services, Inc.

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Invoice No. LCP#1213112017  
P.O.# 2000 224936

# INVOICE

## Customer

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 12/31/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Cost for Internet Usage	\$ 195.00	\$ 195.00

SubTotal \$ 195.00

## Payment

Please make check payable to:  
**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

TOTAL \$ 195.00

Office Use Only

PO# 2000 224936-1217

SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

65





# AT&T

CARING TO LOVE MINISTRIES  
INC  
3813 N FLANNERY RD  
BATON ROUGE, LA 70814

Page 1 of 4  
Account Number 171-800-0934 001  
Billing Date Dec 19, 2017  
Questions? 1 800 358-1111  
Web Site att.com

Invoice 8821329302  
AT&T Tax ID 13-4924710

## Invoice

### Bill-At-A-Glance

Previous Bill	721.56
Payment - Thank You!	721.56CR
Adjustments	.00
Balance	.00
Current Charges	721.56
<b>Total Amount Due</b>	<b>\$721.56</b>
Payment Due Date	Jan 18, 2018

### Billing Summary

For detailed information of your charges go to  
[www.businessdirect.att.com](http://www.businessdirect.att.com)

Questions? Call: 1 800 358-1111

### AT&T Business Services

Group #000001 3813 Flannery Rd Baton Rouge  
Sub-Account #829-000-2551 191 687.08  
Sub-Account #831-000-6867 906 34.50  
Total Group #000001 721.56  
**Total Current Charges 721.56**

### News You Can Use

#### News You Can Use

#### ACCOUNT STATUS

Where allowed by law, AT&T may implement late payment interest of no more than 18% annually. Rates will vary based on state regulations. Interest will be calculated based upon daily balances and will be applicable for each day that a delinquent balance is outstanding. This charge will apply to all balances that are delinquent through such time that payment in full is received at AT&T. The late payment interest will be billed on a monthly basis. Accounts billed outside the US will not be charged LPI.

Where allowed by law, AT&T may implement a \$25 service fee for restoration of service if a delinquent balance has caused an interruption. This fee will be applicable to each account that is being restored and

### SECTION D-Operating Expense-Internet

LCP Budget to reimburse CTLM = \$195.00 AT&T

### News You Can Use

**ACCOUNT STATUS - Continued**  
will be included on your monthly billing statement.

Thank you for subscribing to Business in a Box

Some products require electronic billing as their official bill media. When electronic billing is the official bill media, an informational statement may be sent containing some of the same information as the electronic bill. The informational statement is not your bill. However, if you choose to mail your payment instead of paying electronically, the informational statement has a tear-off that can be used to submit your payment.

#### JUST FOR YOUR BUSINESS

Make a statement - by not receiving one. View and download your bill details electronically via View Bills from the BusinessDirect website! This state-of-the-art online bill provides all the information that is necessary to manage your business. Pay, view and download your bill, in one easy step ... and it's FREE! For access to BusinessDirect, and View Bills, Please contact your Account Executive.

Where allowed by law, AT&T will charge a \$25 fee for any payment returned for insufficient funds, applied on your next invoice. AT&T values your business and thanks you for your cooperation in this matter.

#### REGULATORY NEWS

\*\*\*\*Important News About Your Account\*\*\*\*

You are requested to provide in writing to AT&T, within six months of this bill, any dispute with respect to the charges on this bill, unless a different notification period applies under your contract, State Tariff and/or Service Guide.

You can reach AT&T either by using the toll free number on your bill, or in writing at the remittance address listed on your bill.

[http://serviceguide.att.com/servicelibrary/business/ext/state\\_tariff\\_buss.cfm](http://serviceguide.att.com/servicelibrary/business/ext/state_tariff_buss.cfm)

#### Attention Louisiana Customers

At your request, AT&T can place a "freeze" on your preferred carrier selections for local, local toll service or long distance service. A preferred carrier freeze can help protect your account from inadvertent or unauthorized changes to your carrier selections. If you place a preferred carrier freeze on your account, no one will be able to make a change in your carrier selection until you lift the freeze. There is no charge for this service.

This invoice is in reference to the AT&T Garage Contribution Agreement Amendment 1 between Amdocs, Inc. and AT&T Mobility, LLC. Terms of this payment are covered under Section 3 (e) of the Amended Agreement, AT&T Benefits.

If you receive service pursuant to a signed contract or other term agreement with AT&T and it is currently in effect, its terms will govern the provision of your AT&T service.

AT&T's standard contract for detariffed services not covered by a signed contract or term agreement, including expired contracts or term plans that are not renewed, can be found at <http://www.att.com/business/agreement>. Important limits of liability

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AT&T Business Credit and Collections

01-09-2018

ATTN: Vickie Davis  
Caring To Love Ministries Inc.  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Account: 1718000934001

Dear AT&T Customer:

Thank you for discussing your account with us today. We processed the following payment electronically on your account as a result of our conversation:

Payment Method: Credit Card  
Payment Amount: \$721.56  
Confirmation #: 5Q07CSR1Q06NQHR

Sincerely,

AT&T Business Credit and Collection Center

**PO# 2000 224936-1217**

**SECTION D-Operating Expense-Internet**

**LCP Budget to reimburse CTLM = \$195.00 AT&T**  
January 9, 2018  
© 2016 AT&T Intellectual Property. All rights reserved. AT&T and the Globe logo are registered trademarks of AT&T Intellectual Property.

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Wufoo.com Bill #2453055

Paid by Credit Card \$14.65 Wufoo.com \*\*\*

## Wufoo Billing

Wed 12/20/2017 10:02 AM

To: webdevelopment webdevelopment &lt;webdevelopment@ctim.org&gt;; luv luv &lt;luv@ctim.org&gt;;

**Infinity Box Inc.**

3050 South Delaware Street  
San Mateo, CA 94403  
United States

**Billed To :**

Dorothy H Wallis  
3813 N. Flannery Road  
70814  
United States

2017-12-20

**Transaction ID: # 2453055****Wufoo Bill**

Thanks for your payment! This email confirms that your credit card ending in 0848 was charged \$14.95 for your Wufoo subscription. This transaction will appear on your credit card statement from **"Wufoo.com/charge/"** Please keep a copy of this bill for your records and for future reference. If you have any questions, comments, or concerns about this bill, please send them on to [billing@wufoo.com](mailto:billing@wufoo.com)

Your subscription will automatically renew and you'll be billed \$14.95 each month until you cancel it. See Cancellation Information for more details.

Thanks again for using Wufoo and happy form building!

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**Sources for Women**

A ministry of Caring To Love Ministries  
3813 N Flannery Rd  
Baton Rouge, LA 70814

Invoice No. LCP 12/31/2017  
P.O.# 2000 224936

**INVOICE****Customer**

Name Life Choice Project  
Address 3813 N. Flannery Road  
City Baton Rouge State LA ZIP 70814  
Phone 225-273-1124

Date 12/31/2017

Qty	Description	Unit Price	TOTAL
	Monthly Contractual Service Cost for Answering Services	\$ 875.00	\$ 875.00

**Payment**

SubTotal \$ 875.00

Please make check payable to:

**Caring to Love Ministries**  
3813 N. Flannery Road  
Baton Rouge, LA 70814

**TOTAL** \$ 875.00

Office Use Only

**SECTION D Operating Expense-KNOWforSURE**

LCP Budget to reimburse CTLM = \$875.00 for month



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59105	LCP CHECKING xxxxxx6649	\$875.00

Tracking ID: 59105

Total Amount: \$875.00

Created: 01/09/2018 9:51 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: KNOW FOR SURE

Authorized: 01/09/2018 9:51 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: CCD

Will process On: 1/9/2018

ACH Header: CARING TO LOVE M

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
KNOW FOR SURE	KNOW FOR SURE		\$875.00	XXXX6607	Checking	XXXXX0153	

Addenda: SFW-Dec 2017

## APPROVAL(S):

1 DOROTHY WALLIS

## SECTION D Operating Expense-KNOWforSURE

LCP Budget to reimburse CTLM = \$875.00 for month

70

**PO# 2000 224936**

**SECTION F**

**PROFESSIONAL**

0 • C

0 • C

0 • C

800 • 00 +

250 • 00 +

250 • 00 +

150 • 00 +

500 • 00 +

1,950 • 00 \*

1,950 • 00 +

2,200 • 00 +

1,125 • 00 +

700 • 00 +

700 • 00 +

250 • 00 +

4,750 • 00 +

11,675 • 00 \*

0 • C

**LIFE CHOICE PROJECT  
PROVIDER REQUEST FOR PAYMENT  
COST REIMBURSEMENT INVOICE**

CONTRACTOR:	<u>Caring to Love Ministries</u>	REPORT CATEGORY #	<u>5071</u>
SERVICE PROVIDED:	<u>Abortion Alternative-Statewide.</u>	P. O. #	<u>2000 224936</u>
ADDRESS	<u>3813 N. Flannery Rd.</u>	GRS ORG CODE #	<u>4274</u>
	<u>Baton Rouge, LA 70814</u>	OBJECT CODE	<u>3740</u>
CONTACT PERSON:	<u>Dorothy Wallis</u>	INVOICE #	<u>2000224936-1217</u>
TITLE:	<u>President/CEO</u>	PHONE #	<u>225-273-1124</u>
		MONTH & YEAR	<u>December 2017</u>
		PARISH SERVED:	<u>Statewide</u>

CUMM PREVIOUS 1st MONTH PARTICIPANTS	<u>955</u>
1st MONTH PARTICIPANTS SERVED THIS MONTH:	<u>149</u>
CUMMULATIVE 1st MONTH PARTICIPANTS	<u>1104</u>

**SECTION A-SALARY**

Services Coordinator	Sanaretha Gray	1,756.92	
Home Prenatal Care Nurse	Kim Hardee	1,600.00	
Home Prenatal Care Educator	J Monic Adams	980.00	
Clerical Support Specialist		0.00	
	<b>TOTAL SALARIES-Direct Svcs</b>	<b>4,336.92</b>	<b>4,336.92</b>

**SECTION B - FRINGE**

Insurance	Direct Services	250.00	
FICA	Direct Services	331.77	
Worker's Compensation	Direct Services	102.71	
	<b>TOTAL FRINGES-Direct Svcs</b>	<b>684.48</b>	<b>684.48</b>

**SECTION C - TRAVEL**

Travel	Direct Services	234.09	
Travel	Direct Services	17.34	
	<b>TOTAL TRAVEL-Direct Svcs</b>	<b>251.43</b>	<b>251.43</b>

**SECTION D - OPERATING EXPENSES**

Printing	Direct Services	337.95 ✓	
Printing	Direct Services	1,100.00 ✓	
Office Supplies	Direct Services	1,794.02 ✓	
Copy Machine	Direct Services	250.00 ✓	
Internet Service	Direct Services	195.00 ✓	
Media	Direct Services	0.00	
Website	Direct Services	14.95 ✓	
KNOWforSURE	Direct Services	875.00 ✓	
	<b>TOTAL OPERATING EXPENSES FOR MONTH</b>	<b>4,566.92</b>	<b>4,566.92</b>

Direct Mailing Services, Inc.

ACH = \$2200.00

**Invoice**16959 Highland Club Ave  
Baton Rouge, LA 70817

Date	Invoice #
12/31/2017	567

**Bill To**Life Choice Project  
CTLM  
3813 N Flannery Rd  
Baton Rouge, LA 70814

P.O. No.	Terms	Project
	Net 5	

Quantity	Description	Rate	Amount
1	Life Choice Accounting Services-Dec 2017	2,200.00	2,200.00
Thank you for the opportunity to serve you!		<b>Total</b>	\$2,200.00



ACH = \$2,200.00

Life Choice Project  
Caring To Love Ministries  
PO # 2000 224936-1217  
December 2017

**Detailed Description for Professional: Accounting Services**

Direct Mailing Services (Vickie Davis)

\$ 2,200.00

<u>Date</u>	<u>Hours</u>	<u>Description</u>
12/4/2017	8	Begin all new billing worksheets for month, review Budget vs. Actual for this month, create all new LCP Grant worksheets to track LCP expenses and services; paid LCP a/p due
12/8/2017	10	Completed payroll and paid any Accounts Payable invoices Made copies of all invoices and cancelled checks and credit card receipts to justify expenditures, Paid payroll taxes, unemployment premium for prior month Verified receipt of all Subcontractors billing documents,
12/11-12/12/17	15	Completed any A/P and filed documents Paid LCP invoices received Continue preparing billing for this month's invoice Entered all Subcontractors Front Pages and analyze MTS to Actuals served, Balanced prior month bank statements, Met with Director to receive approval to pay Subcontractors front pages after any cuts are made if needed, Begin ACH payments that are approved Completed any final ACH payments, compiled all paperwork needed for entire billing, printed coding on each page of billing, created invoice worksheets, created ACH supporting document, ran Gulf Coast Bank transaction detail, completed Budget vs Actual and confirmed all payments are within LCP Budget
12/13/2017	10	Completed any A/P and filed documents Paid LCP invoices received Reviewed entire billing and met with Director for approval, copied billing in color 2 times for distribution and filing: Enter LCP billing into Quickbooks and verify balance to Budget vs Actual worksheet, gave reports to Director about MTS for next month
12/18/2017	8	Pay LCP invoices received, searched for any invoices not received, filed any documents for LCP; issued prior month Financials Completed payroll and paid any Accounts Payable invoices; filed documents Update all LCP worksheets to track budget and services
12/20/2017	8	Pay LCP invoices received, searched for any invoices not received and filed accounting documents. Began accounting for next months LCP billing Prepare for all ACH payments due next week Compare LCP expenditures to Budget
12/27/2017	8	Pay A/P bills due Made copies of any LCP cancelled checks or credit card receipts to include in billing Verify all LCP bills for month are paid and cleared bank
<u>67</u>		<u>Total Hours Worked</u>

ACH = \$2200.00

**GULF COAST BANK  
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59106	LCP CHECKING xxxxxx6649	\$2,200.00

**Tracking ID:** 59106**Total Amount:** \$2,200.00**Created:** 01/09/2018 9:52 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 01/09/2018 9:52 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 1/9/2018**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
DIRECT MAIL SERVICE	DIRECT MAIL SERVICE		\$2,200.00	XXXXX4392	Checking	XXXXX0090	

**Addenda:** DMS-Dec 2017**APPROVAL(S):**

1 DOROTHY WALLIS

74

ACH = \$1125.00

*Resources for Communities*

Garcia Bodley  
P.O. Box 73215  
Baton Rouge, LA 70874  
Phone: (225) 328-1965

Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814  
(225) 273-1124

**INVOICE**

Invoice #: 2017-1100

For: Services:

31-Dec-17

Location: Caring to Love Ministries  
C/O Life Choice Project  
3813 Flannery Road  
Baton Rouge, LA 70814

Date(s)	Description of Services Performed	# of Hours	Rate of Pay	Amount Billed
12/4, 12/9, 12/11	As consultant, reviewed and analyze service delivery electronic information on; reviewed outstanding budget (service categories) and MTS to determine strategies for accomplishing.	3		
12/6, 12/17	As consultant, conducted on-going review of weekly, monthly and cumulative statistical information on clients and services to determine trends and compare to previous information to determine patterns or discrepancies.	3		
ongoing throughout month	Maintained and revised programmatic documentations i.e., invoice forms, etc. quality assurance/compliance guides	3		
ongoing	Development and editing of E-Choice Month Newsleter	4		
12/12, 12/15	Discussed with LCP Administrator, Accountant and other LCP staff review of service delivery trends and to plan appropriately for potential problems or barriers	2		
		15	\$ 75.00	\$1,125.00

75



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59307	LCP CHECKING xxxxxx6649	\$1,125.00

Tracking ID: 59307

Total Amount: \$1,125.00

Created: 01/09/2018 12:42 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 12:42 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESOURCES COMMUN	RESOURCES FOR COMMUN		\$1,125.00	XXXXX07195	Checking	XXXXX0090	

Addenda: ResourcesForComm-Dec17

**APPROVAL(S):**

1 DOROTHY WALLIS

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**Randy Rice and Associates ACH = \$700.00**

8221 Summa Ave Suite C  
Baton Rouge, LA 70809-3451

# Invoice

DATE	INVOICE #
12/31/2017	13951

Louisiana Life Choice Project  
3813 North Flannery  
Baton Rouge, LA 70814

DESCRIPTION	AMOUNT
<p>December PR</p> <p>Life Choice: LPC Public Relations 20.50 Hrs @ \$34.15 per hour</p> <p>4-Gathering of ratings for Radio and/or Television for each station 12-4-16 2.5-Check ranking of each station to determine where the advertising dollars would be the most beneficial 12-4-16 3.0-Negotiation of rates for each of the Radio and/or Television Stations 12-5-16 4-Generation of Orders for each station by daypart to ensure we are getting the best and most of the budget we are provided. 12-5-16 2-Audit of all invoices from each station to ensure that all spots ran as ordered 12-18-16 1.5-Send discrepancy notices for all spots not ran correctly 12-18-16 1-Issuance of credit in the event spots ran incorrectly 12-18-16 1-Arrange for Deliverables 12-18-16 1.5-Processing and delivery of Deliverables 12-18-16</p>	<p>700.00</p>
<p>Warm Christmas Wishes from all of us, to all of you!</p>	<p><b>Received</b> JAN 12 2018 DCFS Economic Stability</p>
	<p><b>Total</b> <b>\$700.00</b></p>

77

ACH = \$700.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59103	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 59103

Total Amount: \$700.00

Created: 01/09/2018 9:50 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 9:50 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RANDY RICE AND ASSOC	RANDY RICE AND ASSOC		\$700.00	XXXXX7939	Checking	XXXXX0137	

Addenda:

RICE & ASSOC-P/R

**APPROVAL(S):**

1 DOROTHY WALLIS

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ACH = \$700.00

**Invoice****Kathleen Benfield Consultants**

P.O. Box 10305  
New Orleans, LA 70181

Invoice #: 201172

Invoice Date: 12/31/2017

Terms

Net 30

**Bill To:**

Life Choice Project  
Dorothy Wallis  
3813 N. Flannery Rd.  
Baton Rouge, LA 70814

Description	Rate	Hours/Qty	Amount
Services for December, 2017 including training, modifications to web based database and reporting	700.00	1	700.00
Website/Database Maintenance and Support 12/05/17		0.5	0.00
Website/Database Maintenance and Support 12/06/17		3	0.00
Website/Database Maintenance and Support 12/07/17		1	0.00
Website/Database Maintenance and Support 12/26/17		3	0.00
Website/Database Maintenance and Support 12/28/17		2	0.00

**Total****\$700.00**

Phone #	E-Mail
504-737-9030	kathleen@kathleenbenfield.com

**Balance Due****\$700.00**

ACH = \$700.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59107	LCP CHECKING xxxxxx6649	\$700.00

Tracking ID: 59107

Total Amount: \$700.00

Created: 01/09/2018 9:54 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 9:54 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
K BENFIELD ASSOC	K BENFIELD ASSOC		\$700.00	XXXXX8948	Checking	XXXXX0171	

Addenda: K Benfield Dec 2017

## APPROVAL(S):

1 DOROTHY WALLIS

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Turn Key Solutions, LLC  
11911 Justice Avenue  
Baton Rouge, LA 70816  
(225) 751-4444



**PAID**

<b>Bill To:</b>
Caring To Love Ministries Attn: Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814-8002 United States

<b>Date</b>	<b>Invoice</b>
12/01/2017	10029268

<b>Terms</b>	<b>Due Date</b>	<b>PO Number</b>	<b>Reference</b>
Net 30 days	12/31/2017		Monthly Billing for December

PLAN TYPE DESIGNATION: "PRIME FIXED FEE"  
SEATS INCLUDED: 7  
HELPLESK INCLUDED FOR: ALL OFFICE STAFF

PRIMARY components of your selected support plan:

- \* The full TKS Partner Pulse Process
- \* Virtual CIO Meetings regularly throughout the year to review strategy, I.T. risks, how your I.T. can support your business plans, our service, and anything else you'd like to talk about.
- \* Network Security & Risk Assessment Scheduled regularly throughout the year
- \* TKS' Gold Standard Implementation at no extra cost
- \* Our best security solutions, including multiple antivirus, antimalware, and zero-day threat protection systems
- \* Offsite monitoring and log review of your firewall
- \* 24 x 7 monitoring of your system

STRATEGY, VCIO, AND STANDARDS:

- \* vCIO In-Person Meeting Schedule: \_\_\_\_\_, and unlimited remote consultation on request for your strategy or other IT questions
- \* Onsite Wellness Checkups Schedule: \_\_\_\_\_, and constant remote monitoring
- \* Full suite of reports delivered daily, weekly, and monthly to keep you informed

DISASTER RECOVERY:

- \* Onsite Disaster Recovery = Full capability, same day restoration of your server on our hardware if your server dies, typically
- \* Offsite Backup Plan = "TKS GUSTAV" (96 hr DR Time Objective)
- \* Remote support to restore service is included and not billable
- \* Onsite support to facilitate with disaster recovery is billed separately, at 75% of regular rates (25% discount).

REMOTE HELP DESK:

- \* We provide Remote Support (Help Desk) as needed for ALL YOUR STAFF members, for any technical issues related to your corporate IT.
- \* Unlimited remote Server Administration, User Account Management
- \* We provide the first level of support to your staff. Some support issues we'll need to involve other people on in order to resolve the issue, but we'll "own" the issue and stay involved until it's resolved.
- \* Regular personal check-in with every staff member (via phone or email) to make sure things are working optimally for them.

ONSITE SERVICES:

- \* Regularly scheduled vCIO and Wellness Checkups are included and not billed separately.
- \* Onsite support and other services are billed separately, at 75% of regular rates (25% discount).

PROJECTS (MOVES/ADDS/CHANGES):

- \* PC & Laptops purchased from TKS installed according to your documented install guidelines, for flat amount/ device, at our schedule availability.
- \* 1 new workstation installed per "Wellness Checkup" period at no additional cost, if purchased from TKS.
- \* All other project work is billed separately, at 75% of regular rates (25% discount).

CLOUD & MOBILITY SERVICES:

- \* Not included, available separately

Please make checks payable to Turn Key Solutions, LLC Mail to: 11911 Justice Ave, Baton Rouge, LA 70816 or use <a href="https://www.billandpay.com/go/tks">https://www.billandpay.com/go/tks</a>	<b>Invoice Subtotal:</b>	1,101.04
	<b>Sales Tax:</b>	109.82
	<b>Invoice Total:</b>	1,210.86

LGR Budget to reimburse GTLM = \$250.00

Thank you for your business. If there is anything we can do to serve you better, please let us know. If you have questions

**Payment Receipt**  
**TurnKey Solutions, LLC**  
 11911 Justice Ave  
 Baton Rouge, LA 70816  
 225-751-4444  
 ar@turnkeysol.com

---

Date: 12/18/2017  
 Confirmation Code: 1528530-6714-1784475239  
 Customer: Caring To Love Ministries  
 Amount: \$1,210.86  
 Name On Account: Dorothy H. Wallace  
 Account: Credit Card \*\*\*\*\*0848

---

Item	Date Created	Due Date	Amount Paid
			\$1,210.86

**Section F Professional-Information Technology Cons.-Turnkey**

**LCP Budget to reimburse CTLM = \$250.00**

82

MICHAEL R. CHOATE, CPA APC

2915 S. Sherwood Forest Blvd., Suite B  
Baton Rouge, LA 70816

Date	Invoice #
12/29/2017	44422

Bill To
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
FINAL BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017	4,750.00
Section F Professional-Auditor Services-Michael Choate, CPA LCP Budget to reimburse CTLM = \$4750.00	
DUE UPON RECEIPT	Total \$4,750.00

MICHAEL R. CHOATE, CPA APC  
 2915 S. Sherwood Forest Blvd., Suite B  
 Baton Rouge, LA 70816

# Invoice

Date	Invoice #
12/29/2017	44422

<b>Bill To</b>
Caring to Love Ministries, Inc. Dorothy Wallis 3813 N. Flannery Road Baton Rouge, LA 70814

Description	Amount
FOR PROFESSIONAL SERVICES RENDERED:	0.00
FINAL BILLING ON AUDIT EXAMINATION OF FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017	4,750.00
<p><i>Paid 1/11/2018</i></p> <p><i>Approval confirmation # 046306</i></p> <p>Section <del>F-Professional and Other Services</del> - Michael Choate, CPA</p> <p>LCP Budget to reimburse CTLM = \$4,750.00</p>	
DUE UPON RECEIPT	<b>Total</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$4,750.00</span>

HICKORY R. HENRI 13th  
2915 S. SHAWANO CORNER, BL.  
SOUTH BEND, IN 46706

Rev. Fund ID: 6402  
Term #: 0001

Store #: 0438  
Ref #: 0001

### Sale

XXXXXXXXXXXX0048

VISA

Entry Method: Manual

Total: \$ 4,750.00

01/11/18

17:26:21

Inv #: 000001

Appr Code: 000506

Transaction ID: 500011843012925

Apprvd: Online

Batch#: 000001

Customer Code

Rec'd 1/22/18  
J

My Accounts | Account Details | Account Activity

## Account Activity

Print | Help with this page



D. WALLIS (0848)

18 Like To...



Download Receipts &amp; Tags

## Temporary Authorizations

Trans Date	Type	Description	Amount
01/24/2018	Pending	ADOCB *STOCK	\$21.40

## Posted Activity

Print

Download

Since Last Statement

Search Transactions

Trans Date	Post Date	Type	Description	Statement Category	Amount
01/22/2018	01/22/2018	Spk	Dripbox 2PV36/V3PCW	Utilities	\$69.00
01/22/2018	01/22/2018	Spk	MALCHAMP MONTHLY	Miscellaneous	\$42.50
01/20/2018	01/21/2018	Spk	SNOWYUFOO.COM CHARGE	Miscellaneous	\$14.05
01/19/2018	01/21/2018	Spk	OFFICE DEPOT #1137	Miscellaneous	\$57.18
01/19/2018	01/19/2018	Spk	TURKEY SOLUTION LLC	Work Related	\$1,210.00
01/18/2018	01/18/2018	Spk	OUTBACK 1901	Dining Out	\$30.00
01/18/2018	01/17/2018	Spk	HILTON GARDEN INN	Travel	\$375.97
01/13/2018	01/13/2018	Spk	RACETRAC 2405 00034056	Auto Related	\$44.80
01/13/2018	01/13/2018	Spk	RACETRAC 2405 00034056	Auto Related	\$3.84
01/12/2018	01/14/2018	Spk	ARREVA LLC	Work Related	\$3,900.00
01/12/2018	01/14/2018	Spk	OFFICE DEPOT #2142	Work Related	\$248.65
01/11/2018	01/12/2018	Spk	MICHAEL R CHOATE CPA & PR	Legal & Professional	\$4,750.00
01/10/2018	01/10/2018	Spk	ATT *BILL PAYMENT	Utilities	\$721.50

rec'd 1/29/18

# Account Activity

Print



D. WALLIS (...0848)

I'd Like To...



Download Receipts & Tags

## Temporary Authorizations

Trans Date	Type	Description
01/24/2018	Pending	ADOBE *STOCK

## Posted Activity

Since Last Statement

Print Download

Search

Trans Date Post Date Type Description Expense Category

+	+	+	+	+	+	+	+	+	+
---	---	---	---	---	---	---	---	---	---

rec'd 1/29/18 J

ACH \$800+\$250+\$250+\$150+\$500-\$1950.00

## J HAM ENTERPRISES, INC.

## INVOICE

Date: December 31, 2017

Attention: Dorothy Wallis

## Bill to:

Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

## Remit to:

J Ham Enterprises, Inc.  
812 Sandy Lane  
Ruston, LA 71270

## Description

Pregnancy Help Center Consulting  
December 2017  
27 hours @ \$30.00 per hour

## Amount Due:

\$800.00

## Summary description of activities by category:

Hours	Activity
8	Daily compilation and submission of center client visits
12	Compliance Visits for Women's Resource Center in Natchitoches and A Pregnancy Center & Clinic in Lafayette -Audit of client files, Review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of Findings with Director
2	Preparation, Completion, & Submission of Compliance Documents
1	Phone conferences with LCP Director
2	Communication with Directors concerning reporting requirements and daily standings
2	Administrative Record Keeping

85



1/9/2018

PO# 2000 224936-1217 Section F-Professional-Prof Tech Svc.

Gulf Coast Bank and Trust

Page 2 of 10

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**GULF COAST BANK  
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59111	LCP CHECKING xxxxxx6649	\$800.00

**Tracking ID:** 59111**Total Amount:** \$800.00**Created:** 01/09/2018 10:00 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**Description:** J HAM & Associates**Authorized:** 01/09/2018 10:01 AM**From:** LCP CHECKING xxxxxx6649**Authorized By:** DOROTHY WALLIS**ACH Class Code:** PPD**Will process On:** 1/9/2018**ACH Header:** CARING TO LOVE M**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
J HAM	J HAM		\$800.00	XXXX0613	Checking	XXXXX2758	

**Addenda:** J Ham=Dec 2017**APPROVAL(S):**

1 DOROTHY WALLIS

86

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** December 31, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**Sanaretha Gray  
P. O. Box 413  
Prairieville, LA 70769**Description**Pregnancy Help Center Consulting  
December 2017  
25 hours @ \$10.00 per hour**Amount due:**

\$2500.00

**Summary description of activities by category:**

Hours	Activity
1.0	Compliance review CPC - Gonzales - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
4.0	Preparation, completion, & submission of Compliance Documents
20.0	Review and verification of Clinic billing packets, compilation of error report

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00



Created	Status	Approvals	Transaction Type	Account	Amount
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59115	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 59115

Created: 01/09/2018 10:03 AM

Created By: DOROTHY WALLIS

Authorized: 01/09/2018 10:03 AM

Authorized By: DOROTHY WALLIS

Will process On: 1/9/2018

Effective: 1/10/2018

Total Amount: \$250.00

Total Payments: 1

Description: Sanaretha Gray

From: LCP CHECKING xxxxxx6649

ACH Class Code: PPD

ACH Header: CARING TO LOVE M

RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Sanaretha Gray	Sanaretha Gray		\$250.00	XXXXXX0012	Checking	XXXXX3511	

Addenda: S Gray-Dec 2017

APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250+\$150+\$500-\$1950.00

**INVOICE****Date:** December 29, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit to:**Michelle Dyess  
12238 Leblanc Ln  
Walker, LA 70785**Description**Pregnancy Help Center Consulting  
December 2017  
10 hours @ \$25 per hour**Amount due:**

\$250.00

Summary description of activities by category:

Hours	Activity
8	Compliance visit to Care Pregnancy Clinic in Baton Rouge, Restoration PRC, and Women's Life Ministries - Audit of client files, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & Submission of Compliance Documents

1/9/2018

PO# 2000 224936-1217 Section F-Professional-Prof Tech Svc.

Gulf Coast Bank and Trust

Page 6 of 10

ACH \$800+\$250-\$250+\$150+\$500-\$1950.00

GULF COAST BANK  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59121	LCP CHECKING xxxxxx6649	\$250.00

Tracking ID: 59121

Total Amount: \$250.00

Created: 01/09/2018 10:05 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Michelle Dyess

Authorized: 01/09/2018 10:06 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 1/9/2018

ACH Header: CARING TO LOVE M

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Michelle Dyess	Michelle Dyess	MDyess	\$250.00	XXXX2093	Checking	XXXXX0153	

Addenda: M Dyess-Dec 2017

## APPROVAL(S):

1 DOROTHY WALLIS

ACH \$800+\$250+\$250~~+\$150~~+\$500=\$1950.00

## INVOICE

Date: December 31, 2017

Attention: Dorothy Wallis

Bill to:  
Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814

Remit to:  
Emily Ilgenfritz  
10012 Rocky Knoll Circle  
Shreveport, LA 71106

Description  
Pregnancy Help Center Consulting  
December 2017  
10 hours @ \$15.00 per hour

Amount due:

\$150.00

## Summary description of activities by category:

Hours	Activity
10	Review and verification of Clinic billing packets, compilation of error report

1/9/2018

PO# 2000 224936-1217 Section F-Professional-Prof Tech Svc.

Gulf Coast Bank and Trust

Page 8 of 10

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**GULF COAST BANK  
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59123	LCP CHECKING xxxxxx6649	\$150.00

Tracking ID: 59123

Total Amount: \$150.00

Created: 01/09/2018 10:07 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Emily Ilgenfritz

Authorized: 01/09/2018 10:07 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 1/9/2018

ACH Header: CARING TO LOVE M

Effective: 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Emily Ilgenfritz	Emily Ilgenfritz		\$150.00	XXXX285	Checking	XXXXX3650	

Addenda: E Ilgenfritz-Dec 2017

**APPROVAL(S):**

1 DOROTHY WALLIS

92

ACH \$800+\$250+\$250+\$150+\$500=\$1950.00

**INVOICE****Date:** December 30, 2017**Attention:** Dorothy Wallis**Bill to:**Caring to Love Ministries  
3813 North Flannery Rd.  
Baton Rouge, LA 70814**Remit To:**Alexis Farrugia  
416 Shrewsbury Ct.  
Jefferson, LA 70121**Description:**Pregnancy Help Center Consulting  
December 2017  
20 hours @ \$25.00 per hour**Amount Due:**

\$500.00

**Summary description of activities by category:**

Hours	Activity
2	Compliance visits to ACCESS Pregnancy Center - Audit of client visits, review of Standards of Care, Review of Clinic Policies & Procedures, Review of Instructional Resources, Discussion of findings with Director
2	Preparation, completion, & submission of Compliance Documents
16	Review and verification of Clinic billing packets, compilation of error report



ACH \$800+\$250+\$250+\$150+\$500-\$1950.00



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59127	LCP CHECKING xxxxxx6649	\$500.00

Tracking ID: 59127

Total Amount: \$500.00

Created: 01/09/2018 10:09 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: Alexis Farrugia

Authorized: 01/09/2018 10:09 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 1/9/2018

ACH Header: CARING TO LOVE M

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Alexis Farrugia	Alexis Farrugia		\$500.00	XXXXX71153	Checking	XXXXX0090	

Addenda: A Farrugia-Dec2017

## APPROVAL(S):

1 DOROTHY WALLIS

94

**PO# 2000 224936**

**SECTION G**

**OTHER CHARGES**

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

\*\*\*Dec 2017 BILLED \*\*\*\*\*

**TOTAL ALL SUB REPORTS**

Cumm from Last Month	955	Cumm 2nd Visits Last Month	790
Number of New Participants	149	New 2nd Visits	228
Cummulative Participants	1104	Cumm 2nd Visits	1018

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	149	\$ 1,490.00
2 Positive Pregnancy Test	\$ 10.00	170	\$ 1,700.00
3 Negative Pregnancy Test	\$ 10.00	34	\$ 340.00
4 Abstinence Education	\$ 30.00	34	\$ 1,020.00
5 Counseling	\$ 40.00	191	\$ 7,640.00
6 Referral Services	\$ 10.00	215	\$ 2,150.00
7 Health Risk Assessment	\$ 30.00	228	\$ 6,840.00
8 Care Plan Development	\$ 30.00	115	\$ 3,450.00
9 On-going Care	\$ 30.00	126	\$ 3,780.00
10 Family Support Services	\$ 40.00	80	\$ 3,200.00
11 Home Outreach Support Services	\$ 75.00	51	\$ 3,825.00
12 Birth Outcome Confirmation	\$ 40.00	38	\$ 1,520.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>1,431</b>	<b>\$ 36,955.00</b>

Amount Due \$ **36,955.00**

**Summary:**

Care Pregnancy Clinic	\$ 14,965.00
Women's Resource Center of Natch LA	\$ 4,930.00
A Pregnancy Center	\$ 8,390.00
Access Pregnancy-(Catholic Charities)	\$ 2,140.00
Women's Life Ministries	\$ 1,970.00
Restoration House	\$ 3,640.00
CPC-Gonzales	\$ 920.00

**TOTAL ALL CENTERS**

**\$ 36,955.00**

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      Care Pregnancy Clinic  
 Project Number          LCP17-18-01  
 Date of Report            01/01/2018 thru 01/31/2018 (Report Printed: 01/08/2018)  
 Report Submitted By      Deborah Clayton  
 Address                    3813 N. Flannery Rd.  
 City State Zip              Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

**REIMBURSEMENT**

New Pos. Clients:70 2nd:48 3rd:23 Pantry:86 Home:25 Postpartum:14

Description of Service	#Served	Reimb. Cost	Total
Intake Application	64	\$10	\$ 640
Positive Pregnancy Test	70	\$10	\$ 700
Negative Pregnancy Test	17	\$10	\$ 170
Abstinence Education	17	\$30	\$ 510
Counseling	70	\$40	\$ 2800
Referral Services	96	\$10	\$ 960
Health Risk Assessment	95	\$30	\$ 2850
Care Plan Development	47	\$30	\$ 1410
On-Going Care/Monitoring	47	\$30	\$ 1410
Family Support Services	27	\$40	\$ 1080
Home Outreach Support Services	25	\$75	\$ 1875
Birth Outcome Confirmation	14	\$40	\$ 560

Total Services      589      \$ 14965

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

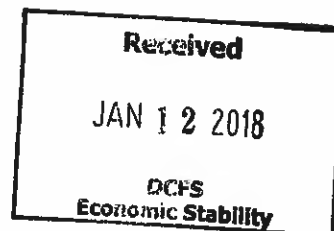
I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*



## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Care Pregnancy ClinicLCP 17-18-01

Cumm from Last Month	350	Cumm 2nd Visits Last Month	280
Number of New Participants for This Month	64	New 2nd Visits	95
Cummulative Participants	414	Cumm 2nd Visits	375

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	64	\$ 640.00
2 Positive Pregnancy Test	\$ 10.00	70	\$ 700.00
3 Negative Pregnancy Test	\$ 10.00	17	\$ 170.00
4 Abstinence Education	\$ 30.00	17	\$ 510.00
5 Counseling	\$ 40.00	70	\$ 2,800.00
6 Referral Services	\$ 10.00	96	\$ 960.00
7 Health Risk Assessment	\$ 30.00	95	\$ 2,850.00
8 Care Plan Care	\$ 30.00	47	\$ 1,410.00
9 On-going Care	\$ 30.00	47	\$ 1,410.00
10 Family Support Services	\$ 40.00	27	\$ 1,080.00
11 Home Outreach Support Services	\$ 75.00	25	\$ 1,875.00
12 Birth Outcome Confirmation	\$ 40.00	14	\$ 560.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		589	\$ 14,965.00

Amount Due \$ 14,965.00

1/9/2018

PO# 2000 224936-1217

## Section G OTHER CHARGES


**GULF COAST BANK**  
 & Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59214	LCP CHECKING xxxxxx6649	\$14,965.00

Tracking ID: 59214

Total Amount: \$14,965.00

Created: 01/09/2018 11:12 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:12 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$14,965.00	XXXX6569	Checking	XXXXX0153	

Addenda: Care Preg Ctr-Dec17

## APPROVAL(S):

1 DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Women's Resource Center of Natch La  
 Project Number LCP17-18-04  
 Date of Report ~~01/01/2017~~ 01/02/2018 (Report Printed: 01/02/2018)  
 Report Submitted By Danette Westfall  
 Address 107 North Street  
 City State Zip Natchitoches, LA 71457

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:23 2nd:12 3rd:11 Pantry:29 Home:10 Postpartum:4

Description of Service	#Served	Reimb. Cost	Total
Intake Application	12✓	\$10	\$ 120
Positive Pregnancy Test	23✓	\$10	\$ 230
Negative Pregnancy Test	0✓	\$10	\$ 0
Abstinence Education	0✓	\$30	\$ 0
Counseling	23✓	\$40	\$ 920
Referral Services	33✓	\$10	\$ 330
Health Risk Assessment	33✓	\$30	\$ 990
Care Plan Development	12✓	\$30	\$ 360
On-Going Care/Monitoring	21✓	\$30	\$ 630
Family Support Services	11✓	\$40	\$ 440
Home Outreach Support Services	10✓	\$75	\$ 750
Birth Outcome Confirmation	4✓	\$40	\$ 160

Total Services 182 \$ ~~4980~~

☐ 2<sup>nd</sup> Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

**Women's Resource Center of Natch LA LCP-17-18-04**

Cumm from Last Month	143	Cumm 2nd Visits Last Month	132
Number of New Participants for This Month	12	New 2nd Visits	33
Cummulative Participants	155	Cumm 2nd Visits	165

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	12	\$ 120.00
2 Positive Pregnancy Test	\$ 10.00	23	\$ 230.00
3 Negative Pregnancy Test	\$ 10.00	-	\$ -
4 Abstinence Education	\$ 30.00	-	\$ -
5 Counseling	\$ 40.00	23	\$ 920.00
6 Referral Services	\$ 10.00	33	\$ 330.00
7 Health Risk Assessment	\$ 30.00	33	\$ 990.00
8 Care Plan Care	\$ 30.00	12	\$ 360.00
9 On-going Care	\$ 30.00	21	\$ 630.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	10	\$ 750.00
12 Birth Outcome Confirmation	\$ 40.00	4	\$ 160.00
<b>TOTAL SUB-CONTRACTOR REIMBURSEMENT</b>		<b>182</b>	<b>\$ 4,930.00</b>

Amount Due

\$

4,930.00



1/9/2018

PO# 2000 224936-1217

Gulf Coast Bank and Trust  
Section G OTHER CHARGESGULF COAST BANK  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59222	LCP CHECKING xxxxxx6649	\$4,930.00

Tracking ID: 59222

Total Amount: \$4,930.00

Created: 01/09/2018 11:13 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:14 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS RES CENT NATCH	WOMENS RES CENT NATCH		4,930.00	XXXX078	Checking	XXXXX2949	

Addenda:

WRC Natch-Dec17

## APPROVAL(S):

1

DOROTHY WALLIS

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization      A Pregnancy Center & Clinic  
 Project Number          LCP17-18-103  
 Date of Report            12/01/2017 thru 12/31/2017 (Report Printed: 01/02/2018)  
 Report Submitted By      Denise Williamson  
 Address                    913 S. College Rd Ste 206  
 City State Zip              Lafayette, LA 70503

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:47 2nd:25 3rd:22 Pantry:55 Home:8 Postpartum:8

Description of Service	#Served	Reimb. Cost	Total
Intake Application	31	\$10	\$ 310
Positive Pregnancy Test	47	\$10	\$ 470
Negative Pregnancy Test	6	\$10	\$ 60
Abstinence Education	6	\$30	\$ 180
Counseling	47	\$40	\$ 1880
Referral Services	55	\$10	\$ 550
Health Risk Assessment	55	\$30	\$ 1650
Care Plan Development	25	\$30	\$ 750
On-Going Care/Monitoring	30	\$30	\$ 900
Family Support Services	18	\$40	\$ 720
Home Outreach Support Services	8	\$75	\$ 600
Birth Outcome Confirmation	8	\$40	\$ 320

Total Services      336      \$ 8390

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

A Pregnancy CenterLCP-17-18-103

Cumm from Last Month

200

Cumm 2nd Visits Last Month

177

Number of New Participants for This Month

31

New 2nd Visits

55

Cumulative Participants

231

Cumm 2nd Visits

232

Client Services:

	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	31	\$ 310.00
2 Positive Pregnancy Test	\$ 10.00	47	\$ 470.00
3 Negative Pregnancy Test	\$ 10.00	6	\$ 60.00
4 Abstinence Education	\$ 30.00	6	\$ 180.00
5 Counseling	\$ 40.00	47	\$ 1,880.00
6 Referral Services	\$ 10.00	55	\$ 550.00
7 Health Risk Assessment	\$ 30.00	55	\$ 1,650.00
8 Care Plan Care	\$ 30.00	25	\$ 750.00
9 On-going Care	\$ 30.00	30	\$ 900.00
10 Family Support Services	\$ 40.00	18	\$ 720.00
11 Home Outreach Support Services	\$ 75.00	8	\$ 600.00
12 Birth Outcome Confirmation	\$ 40.00	8	\$ 320.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		336	\$ 8,390.00

Amount Due

\$

8,390.00

**GULF COAST BANK**  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59224	LCP CHECKING xxxxxx6649	\$8,390.00

Tracking ID: 59224

Total Amount: \$8,390.00

Created: 01/09/2018 11:14 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:15 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
A PREGNANCY CENTER C	A PREGNANCY CENTER C		\$8,390.00	XXXX2775	Checking	XXXXX0222	

Addenda: A Preg Ctr-Dec17

**APPROVAL(S):**

1 DOROTHY WALLIS

105

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Access - Catholic Charities  
Project Number LCP17-18-107-1  
Date of Report 01/06/2018  
Report Submitted By Kay Bongard  
Address 921 Aris Avenue  
City State Zip Metairie, LA 70005

Report Printed: 01/06/2018

## IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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## REIMBURSEMENT

New Pos. Clients:10 2nd:11 3rd:5 Pantry:37 Home:0 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	12	\$10	\$ 120
Positive Pregnancy Test	10	\$10	\$ 100
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	16	\$40	\$ 640
Referral Services	12	\$10	\$ 120
Health Risk Assessment	16	\$30	\$ 480
Care Plan Development	11	\$30	\$ 330
On-Going Care/Monitoring	5	\$30	\$ 150
Family Support Services	4	\$40	\$ 160
Home Outreach Support Services	0	\$75	\$ 0
Birth Outcome Confirmation	0	\$40	\$ 0

Total Services 88

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Access Pregnancy-(Catholic Charities) LCP-17-18-107-1

Cumm from Last Month	58	Cumm 2nd Visits Last Month	49
Number of New Participants for This Month	12	New 2nd Visits	16
Cummulative Participants	70	Cumm 2nd Visits	65

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	12	\$ 120.00
2 Positive Pregnancy Test	\$ 10.00	10	\$ 100.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	16	\$ 640.00
6 Referral Services	\$ 10.00	12	\$ 120.00
7 Health Risk Assessment	\$ 30.00	16	\$ 480.00
8 Care Plan Care	\$ 30.00	11	\$ 330.00
9 On-going Care	\$ 30.00	5	\$ 150.00
10 Family Support Services	\$ 40.00	4	\$ 160.00
11 Home Outreach Support Services	\$ 75.00	-	\$ -
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		88	\$ 2,140.00

Amount Due \$

**2,140.00**

1/9/2018

PO# 2000 224936-1217

Gulf Coast Bank and Trust  
Section G OTHER CHARGES**GULF COAST BANK  
& Trust Company**

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59225	LCP CHECKING xxxxxx6649	\$2,140.00

**Tracking ID:** 59225**Total Amount:** \$2,140.00**Created:** 01/09/2018 11:16 AM**Total Payments:** 1**Created By:** DOROTHY WALLIS**From:** LCP CHECKING xxxxxx6649**Authorized:** 01/09/2018 11:16 AM**ACH Class Code:** CCD**Authorized By:** DOROTHY WALLIS**ACH Header:** CARING TO LOVE M**Will process On:** 1/9/2018**Effective:** 1/10/2018**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CATHOLIC CHARITIES	CATHOLIC CHARITIES		2,140.00	XXXXX21274	Checking	XXXXX0137	

**Addenda:** Catholic-Dec17**APPROVAL(S):**

1	DOROTHY WALLIS
---	----------------

**Request for Reimbursement Form**  
**LOUISIANA LIFE CHOICES PROJECT**  
**OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

*TR*  
*Qu*

Name of Organization Women's Life Ministries  
Project Number LCP17-18-112  
Date of Report 12/01/2017 through 12/31/2017 (Report Printed: 12/28/2017)  
Report Submitted By Teresa Ragusa  
Address 3813 N. Flannery Road  
City State Zip Baton Rouge, LA 70814

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:5 2nd:5 3rd:4 Pantry:11 Home:2 Postpartum:7

Description of Service	#Served	Reimb. Cost	Total
Intake Application	6	\$10	\$ 60
Positive Pregnancy Test	5	\$10	\$ 50
Negative Pregnancy Test	1	\$10	\$ 10
Abstinence Education	1	\$30	\$ 30
Counseling	9	\$40	\$ 360
Referral Services	5	\$10	\$ 50
Health Risk Assessment	7	\$30	\$ 210
Care Plan Development	5	\$30	\$ 150
On-Going Care/Monitoring	6	\$30	\$ 180
Family Support Services	11	\$40	\$ 440
Home Outreach Support Services	2	\$75	\$ 150
Birth Outcome Confirmation	7	\$40	\$ 280

Total Services 65 \$ 1970

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Teresa Ragusa*  
*Dorothy Wallis*  
*Rhonda Roman*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*



## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Women's Life MinistriesLCP17-18-112

Cumm from Last Month	30	Cumm 2nd Visits Last Month	24
Number of New Participants for This Month	6	New 2nd Visits	7
Cummulative Participants	36	Cumm 2nd Visits	31

<u>Client Services:</u>		REIMBURSEMENT	
	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	6	\$ 60.00
2 Positive Pregnancy Test	\$ 10.00	5	\$ 50.00
3 Negative Pregnancy Test	\$ 10.00	1	\$ 10.00
4 Abstinence Education	\$ 30.00	1	\$ 30.00
5 Counseling	\$ 40.00	9	\$ 360.00
6 Referral Services	\$ 10.00	5	\$ 50.00
7 Health Risk Assessment	\$ 30.00	7	\$ 210.00
8 Care Plan Care	\$ 30.00	5	\$ 150.00
9 On-going Care	\$ 30.00	6	\$ 180.00
10 Family Support Services	\$ 40.00	11	\$ 440.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	7	\$ 280.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		65	\$ 1,970.00

Amount Due \$ 1,970.00

1/9/2018

PO# 2000 224936-1217

Section G OTHER CHARGES


**GULF COAST BANK**  
 & Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59226	LCP CHECKING xxxxxx6649	\$1,970.00

Tracking ID: 59226

Total Amount: \$1,970.00

Created: 01/09/2018 11:17 AM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 11:17 AM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
WOMENS LIFE MINISTRIES	WOMENS LIFE MINISTRIES		\$1,970.00	XXXXX24618	Checking	XXXXX5690	

Addenda: WLM-Dec17

**APPROVAL(S):**

1 DOROTHY WALLIS

**Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM**

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization Restoration Pregnancy Resource Ctr.  
Project Number LCP17-18-116  
Date of Report 12/01/2017 thru 12/31/2017 (Report Printed: 12/22/2017)  
Report Submitted By Tara Hudgins  
Address  
City State Zip

**IN KIND**

Items / Equipment	Appr Value	Source Or Donor	Client Not Appr	Coun Mins	Date	Center ID
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**REIMBURSEMENT**

New Pos. Clients:14 2nd:10 3rd:10 Pantry:12 Home:4 Postpartum:5

Description of Service	#Served	Reimb. Cost	Total
Intake Application	16	\$10	\$ 160
Positive Pregnancy Test	14	\$10	\$ 140
Negative Pregnancy Test	2	\$10	\$ 20
Abstinence Education	2	\$30	\$ 60
Counseling	24	\$40	\$ 960
Referral Services	10	\$10	\$ 100
Health Risk Assessment	18	\$30	\$ 540
Care Plan Development	14	\$30	\$ 420
On-Going Care/Monitoring	14	\$30	\$ 420
Family Support Services	8	\$40	\$ 320
Home Outreach Support Services	4	\$75	\$ 300
Birth Outcome Confirmation	5	\$40	\$ 200

**Total Services** 131 \$ 5640

☐ 2nd Positive and/or Negative Test Authorization

Adjustments: ☐ ☐

Total Billed ☐ ☐

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*[Signature]*  
*[Signature]*  
*Kristi Behrnes*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

Restoration HouseLCP 17-18-116

Cumm from Last Month	115	Cumm 2nd Visits Last Month	109
Number of New Participants for This Month	16	New 2nd Visits	18
Cummulative Participants	131	Cumm 2nd Visits	127

## REIMBURSEMENT

Client Services:

	UNIT COST	# Clients	TOTALS
1 Intake Application Process	\$ 10.00	16	\$ 160.00
2 Positive Pregnancy Test	\$ 10.00	14	\$ 140.00
3 Negative Pregnancy Test	\$ 10.00	2	\$ 20.00
4 Abstinence Education	\$ 30.00	2	\$ 60.00
5 Counseling	\$ 40.00	24	\$ 960.00
6 Referral Services	\$ 10.00	10	\$ 100.00
7 Health Risk Assessment	\$ 30.00	18	\$ 540.00
8 Care Plan Care	\$ 30.00	14	\$ 420.00
9 On-going Care	\$ 30.00	14	\$ 420.00
10 Family Support Services	\$ 40.00	8	\$ 320.00
11 Home Outreach Support Services	\$ 75.00	4	\$ 300.00
12 Birth Outcome Confirmation	\$ 40.00	5	\$ 200.00
TOTAL SUB-CONTRACTOR REIMBURSEMENT		131	\$ 3,640.00

Amount Due

\$ 3,640.00

1/9/2018

PO# 2000 224936-1217

## Section G OTHER CHARGES



**GULF COAST BANK**  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59302	LCP CHECKING xxxxxx6649	\$3,640.00

Tracking ID: 59302

Total Amount: \$3,640.00

Created: 01/09/2018 12:39 PM

Total Payments: 1

Created By: DOROTHY WALLIS

From: LCP CHECKING xxxxxx6649

Authorized: 01/09/2018 12:39 PM

ACH Class Code: CCD

Authorized By: DOROTHY WALLIS

ACH Header: CARING TO LOVE M

Will process On: 1/9/2018

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
RESTORATION PREGNANCY	RESTORATION PREGNANCY		\$3,640.00	XXXX176	Checking	XXXXX5459	

Addenda:

Restoration-Dec17

## APPROVAL(S):

1

DOROTHY WALLIS

114

Request for Reimbursement Form  
LOUISIANA LIFE CHOICES PROJECT  
OFFICIAL LIFE CHOICES PROJECT MONTHLY REPORTING FORM

Direct questions to Dorothy Wallis, Project Director, Phone 225-273-1124

Name of Organization CPC Gonzales  
Project Number LCP17-18-01-1  
Date of Report 12/01/2017 thru 12/31/2017 (Report Printed: 12/29/2017)  
Report Submitted By Michelle Dyess  
Address 322 E. Worthy  
City State Zip Gonzales, LA 70737

IN KIND

Items / Equipment	Appr Value	Source Or Donor	Client		Center ID
			Not Appr	Coun Mins Date	

REIMBURSEMENT

New Pos. Clients:1 2nd:1 3rd:1 Pantry:4 Home:2 Postpartum:0

Description of Service	#Served	Reimb. Cost	Total
Intake Application	8 ✓	\$10 ✓	\$ 80 ✓
Positive Pregnancy Test	1 ✓	\$10 ✓	\$ 10 ✓
Negative Pregnancy Test	7 ✓	\$10 ✓	\$ 70 ✓
Abstinence Education	7 ✓	\$30 ✓	\$ 210 ✓
Counseling	2 ✓	\$40 ✓	\$ 80 ✓
Referral Services	4 ✓	\$10 ✓	\$ 40 ✓
Health Risk Assessment	4 ✓	\$30 ✓	\$ 120 ✓
Care Plan Development	1 ✓	\$30 ✓	\$ 30 ✓
On-Going Care/Monitoring	3 ✓	\$30 ✓	\$ 90 ✓
Family Support Services	1 ✓	\$40 ✓	\$ 40 ✓
Home Outreach Support Services	2 ✓	\$75 ✓	\$ 150 ✓
Birth Outcome Confirmation	0 ✓	\$40 ✓	\$ 0 ✓

Total Services 40 \$ 920

☐ 2nd Positive and/or Negative Test Authorization

Adjustments:

Total Billed

I certify that no funds were used for religious purposes or materials and that none of the services provided above are already funded by another state or federal funding source.

Director's Signature

Supervisor's Signature

Data Entry Clerk's Signature

*Michelle Dyess*  
*Michelle Dyess*  
*Michelle Dyess*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

## SECTION G Coordinated Prenatal Care Services

P.O.# 2000 224936

CPC-Gonzales LCP 17-18-01-1LCP 17-18-

Cumm from Last Month

59 Cumm 2nd Visits Last Month

19

Number of New Participants for This Month

8 New 2nd Visits

4

Cumulative Participants

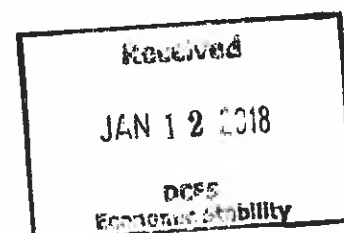
67 Cumm 2nd Visits

23

## REIMBURSEMENT

<u>Client Services:</u>	<u>UNIT COST</u>	<u># Clients</u>	<u>TOTALS</u>
1 Intake Application Process	\$ 10.00	8	\$ 80.00
2 Positive Pregnancy Test	\$ 10.00	1	\$ 10.00
3 Negative Pregnancy Test	\$ 10.00	7	\$ 70.00
4 Abstinence Education	\$ 30.00	7	\$ 210.00
5 Counseling	\$ 40.00	2	\$ 80.00
6 Referral Services	\$ 10.00	4	\$ 40.00
7 Health Risk Assessment	\$ 30.00	4	\$ 120.00
8 Care Plan Care	\$ 30.00	1	\$ 30.00
9 On-going Care	\$ 30.00	3	\$ 90.00
10 Family Support Services	\$ 40.00	1	\$ 40.00
11 Home Outreach Support Services	\$ 75.00	2	\$ 150.00
12 Birth Outcome Confirmation	\$ 40.00	-	\$ -
TOTAL SUB-CONTRACTOR REIMBURSEMENT		40	\$ 920.00

Amount Due

\$ 920.00



**GULF COAST BANK**  
& Trust Company

Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59305	LCP CHECKING xxxxxx6649	\$920.00

**Tracking ID:** 59305

**Created:** 01/09/2018 12:40 PM

**Created By:** DOROTHY WALLIS

**Authorized:** 01/09/2018 12:41 PM

**Authorized By:** DOROTHY WALLIS

**Will process On:** 1/9/2018

**Effective:** 1/10/2018

**RECIPIENTS:**

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
CARE PREGNANCY CLINIC	CARE PREGNANCY CLINIC		\$920.00	XXXX6569	Checking	XXXXX0153	

**Addenda:**

CPC Gonzales Dec 17

**APPROVAL(S):**

1

DOROTHY WALLIS

117



**PO# 2000 224936**

**SECTION I**

**INDIRECT COST**

# Life Choice Project

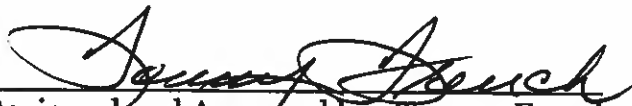
Coordinated Prenatal Care for  
Louisiana's Pregnant Women

## Invoice

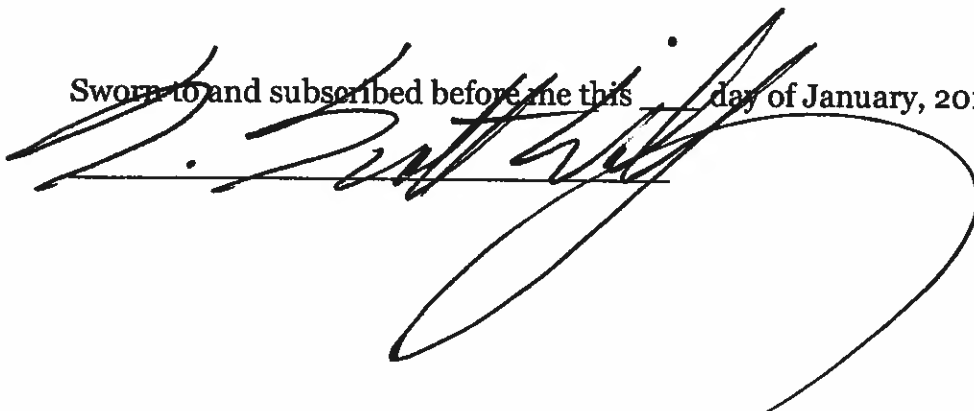
December 2017

Dorothy Wallis  
3813 North Flannery  
Baton Rouge, LA 70814  
(225) 215-0004 office  
(225) 273-5931 fax

Description:	Amount:
Life Choice Project Administrator Monthly Salary	\$4500.00

  
Reviewed and Approved by: Tommy French

Sworn to and subscribed before me this \_\_\_\_\_ day of January, 2018



S. SCOTT WILFONG  
NOTARY PUBLIC  
ID # 82151  
commission does not expire



Created ▾	Status ▾	Approvals ▾	Transaction Type ▾	Account ▾	Amount ▾
1/9/2018	Authorized	1 of 1	ACH Batch - Tracking ID: 59128	LCP CHECKING xxxxxx6649	\$4,500.00

Tracking ID: 59128

Total Amount: \$4,500.00

Created: 01/09/2018 10:11 AM

Total Payments: 1

Created By: DOROTHY WALLIS

Description: DOROTHY WALLIS, CEO

Authorized: 01/09/2018 10:11 AM

From: LCP CHECKING xxxxxx6649

Authorized By: DOROTHY WALLIS

ACH Class Code: PPD

Will process On: 1/9/2018

ACH Header: CARING TO LOVE M

Effective: 1/10/2018

## RECIPIENTS:

Name	ACH Name	ACH Id	Amount	Account Number	Account Type	Routing Number	Email Address
Dorothy Wallis	Dorothy Wallis		\$4,500.00	XXXX49388	Checking	XXXXX0137	

Addenda: D Wallis-Dec 2017

## APPROVAL(S):

1 DOROTHY WALLIS

120

Caring to Love Ministries - Time Study Monthly Reporting Form

Period: December 2017

Employee's Name: Dorothy Wallis

Program	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	
LCP	6.8	3.4	0	8.5	8.5	7.7	7.7	7.7	4.3	0	9.4	9.4	6.8	6.8	6.8	3.4	0	8.5	7.7	7.7	6.8	6.8	3.4	0	0	0	6.8	7.7	7.7	7.7	6.8	0	162.350.0
ADMN	1.2	.6	0	1.5	1.5	1.4	1.4	1.4	.8	0	1.7	1.7	1.2	1.2	1.2	.6	0	1.5	1.4	1.4	1.2	1.2	.6	0	0	0	1.2	1.4	1.4	.5	0	28.650.0	
Hours	8	4	0	10	10	9	9	9	5	0	11	11	8	8	8	4	0	10	9	9	8	8	4	0	0	0	8	9	9	3	0	191.00.0	

Employee Signature:

Dorothy Wallis

Date:

Jan 5, 2018

Supervisor Signature:

James Rexel

Date:

1/4/18

GBS77117000183020



Louisiana



HMO Louisiana

SOUTHERN NATIONAL  
LIFE INSURANCE COMPANY, INC.

## Group Payment Notice

CARING TO LOVE MINISTRIES

ATTN: DOROTHY WALLIS  
3813 N. FLANNERY RD  
BATON ROUGE, LA 70814Group ID : 27A61ERC  
Subgroup ID : 0000Due Date: 12/15/2017  
Billing Date: 11/29/2017Invoice Period From : 12/15/2017  
Invoice Period Through: 01/14/2018  
Invoice Number : 173330001147

Subscriber Count: 2

Outstanding Balance.....	\$2,134.03	<i>pd in person 11/30/17 (ref)</i>
Premiums This Period.....	\$2,134.03	
Member Adjustments.....	\$0.00	
Fees and Other Adjustments.....	\$0.00	
Current Billed Amount.....	\$2,134.03	

**Please Pay Total Amount Due**

5225 Employee Benefits-CPC

\$4208.06	\$2134.03
-----------	-----------

04BA0028 R02/16

Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company.  
HMO Louisiana, Inc. and Southern National Life Insurance Company, Inc. are subsidiaries of Blue Cross and Blue Shield of Louisiana.  
All three companies are independent licensees of the Blue Cross and Blue Shield Association.

continued ➡

## SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

122

Group Name: CARING TO LOVE MINISTRIES  
Group ID: 27A61ERC  
Subgroup ID: 0000  
Due Date: 12/15/2017

► A001 - ACTIVE EMPLOYEES

Subscriber Name	Subscriber ID	Product	Adjustment	Premium	Amount*	Total Premium
Hardee, Kim A	202227628	PPO	\$0.00	\$1,244.65	0	\$1,244.65
Wallis, Dorothy T	200579064	PPO	\$0.00	\$889.38	0	\$889.38
Totals						\$2,134.03

SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month

## Transactions Details

Posting Date	12/19/2017
Transaction Date	12/19/2017
Description	DDA CHECK 0000017784
Transaction Type	Debit
T/C	0075
Amount	\$2,134.03
Balance	\$12,416.09

Front	Back
-------	------

<b>CARING TO LOVE MINISTRIES</b> OPERATING ACCOUNT 3813 N. FLANNERY ROAD BATON ROUGE, LA 70814 (225) 873-1184		BATON ROUGE, LOUISIANA 84-15/054 12/13/17 17784
PAY TO THE ORDER OF <u>Blue Cross Blue Shield</u>		\$ 2,134.03
Two Thousand One Hundred Thirty-Four and 03/100		DOLLARS
Blue Cross Blue Shield P.O. Box 650007 Dallas, TX 75265		VOID AFTER 60 DAYS OPERATING ACCOUNT <i>Whitney Walker</i> AUTHORIZED SIGNATURE
MEMO Group ID 27A61ERC Subgroup 0000 12/15/17-01/		
⑈017784⑈ ⑈065400153⑈		

### SECTION I Indirect Cost-Insurance

LCP Budget to reimburse CTLM = \$250.00 for month